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FLORIDA HEALTH NOTES

PUBLISHED MONTHLY

Edited by
Stewart G. Thompson, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville



Raymond C. Turck, M. D., State Health Officer

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FOREWORD

After an interim of three years the FLORIDA HEALTH NOTES is re-established as a regular publication of the Florida State Board of Health. The last publication of HEALTH NOTES was for the quarter ending February,1919, and was listed as Volume 13, (new series) No. 4.

The Bureau of Vital Statistics published a MONTHLY VITAL STATISTICS REPORTER. Eight numbers were published under Volume No. 1 for the calendar year 1921, and two numbers under Volume No. 2 for the calendar year 1922.

The MONTHLY VITAL STATISTICS REPORTER will be discontinued and information from all the departments of the State Board of Health will be given out through the FLORIDA HEALTH NOTES.

Stewart G. Thompson.

ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer

The State of Florida, at the present time, has a number of serious public health problems which should be corrected. The people of Florida will naturally look to the State Board of Health for the correction of these problems.

The Legislature at its last session saw fit to cut the State Board of Health's appropriation in half. To meet this reduction in our income, it was necessary for the different Department Heads to cut down their personnel as well as their activities. With reduced personnel and income, the State Board of Health can not remedy the many public health defects existing in the State. This is to be regretted.

Under the half mill tax, the State Board of Health functioned on a budget which fluctuated from as low as $160,000.00 a year to as high as $220,000.00. Under the quarter mill tax and with the expectation that the yearly income derived therefrom would amount to about $95,000.00 a year, the Budget was reduced to $130,000.00.

It is most disincouraging now to note that the taxes are not coming in as they should and it has been found necessary to again reduce the Budget, this time to $116,000.00. With the strictest economy and with the cooperation of outside agencies only are we able to function at all.

The half mill tax in 1919 brought in $185,112.40. Disbursements for 1919 amounted to $167,468.46. Receipts from the half mill tax in 1920 amounted to $181,086.89. Disbursements in 1920 amounted to $161,704.35. Receipts for the first six months of 1921 on the half mill tax amounted $120,805.16. Disbursements for the same period amounted to $131,936.22. Receipts for the last six months of 1921 on the quarter mill tax amounted to $41,700.21. Disbursements for the same period amounted to $74,553.79. Of this disbursement $12,796.30 was spent toward the construction of the Laboratory Building at West Palm Beach. Total receipts for 1921 amounted to $162,505.37. Total disbursements for 1921, $206,490.01.

FIGURES TALK. The available balance after paying March - 1922 vouchers is $29,350.77.

B U R E A U O F E N G I N E E R I N G

George W. Simons, Jr., S. B. Chief Engineer.

The fundamental health work of Florida is that relating to RURAL SANITATION. Privies of sanitary type approved by the State Board of Health are essentials. During the past few months considerable first class privy construction work has been undertaken and completed in a great many Florida towns. Following are enumerated a few towns in which work has been done, also the number of privies constructed in each.

Clearwater	210	Privies
Oldsmar	60	"
New Port Richey	50	"
Plant City	125	"
Bartow	400	"
Eagle Lake	40	"
Dover	30	"
Auburndale	40	"

Privy work is now in active progress at Lakeland, Bradentown, Manatee, Waldo, Pablo Beach and other points. Green Cove Springs has installed several hundred new can privies recently.

The open privy must go.

MOSQUITO time is with us. Are you responsible for the breeding of any mosquitoes in your neighborhood?

MOSQUITOES need water in which to breed - these pests do not breed in grasses, weeds and dry rubbish. Accumulations of water in pools, puddles, ditches, pans, rain barrels, cisterns are important breeding places.

MOSQUITO control work requires the cooperation and interest of every individual, organization and city in the State. Concerted, united effort by the collective citizens of the State would result in a great diminishing of the mosquito pest. The keynote of any mosquito campaign is DO YOUR PART.

MOSQUITOES breeding in fresh water are responsible for malaria and dengue fever. Brackish water MOSQUITOES are not responsible for any diseases.

MOSQUITO control work requires as needed DRAINING, FILLING, OILING, SCREENING and REPAIRING.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF THE WORK DONE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING MARCH, 1922.

BACTERIOLOGICAL EXAMINATIONS.

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal parasites	862	310	24	12	116	1324
Diphtheria	346	344	100	107	5	902
Typhoid	158	179	30	20	7	394
Malaria	250	203	22	18	29	522
Rabies	6	7	–	2	–	15
Tuberculosis	265	118	36	78	17	514
Gonorrhoea	159	133	28	37	4	361
Syphilis	1185	413	–	–	–	1598
Water: Bact. Ex.	–	27	7	100	–	134
Milk	26	10	–	138	59	233
Miscellaneous	26	18	2	2	3	51
	3283	1762	249	514	240	6048

BIOLOGICAL PRODUCTS SENT OUT, MARCH, 1922.

Diphtheria Antitoxin:	10,000 Units	115
	5,000 "	49
Schick Tests:	10's	2
	100's	17
Toxin Antitoxin:	10's	35
Tetanus Antitoxin:	5,000 Units	2
	1,500 "	70
Anti-Meningococcus Serum		6 Cylinders
Typho Bacterin		2457 Packages
Vaccine Virus		6820 Capillaries
Anti Rabic Virus		25 Treatments

BUREAU OF COMMUNICABLE DISEASES

George A. Dame, M. D., Director.

The Bureau of Communicable Disease has been established by the State Board of Health for the purpose of controlling all communicable disease as well as other diseases which though possibly not communicable constitute a serious menace to the health, happiness and prosperity of our citizens.

Without effort to control these diseases the state would probably at frequent intervals be swept by epidemics which would constitute scourges as terrible as those which swept Europe in the middle ages. The Florida State Board of Health is now spending about twelve and one-half cents a year for each resident of the state. This is not half enough.

In attempting to control disease in Florida the State Board of Health must not only have the sincere cooperation of physicians but of every citizen.

In exercising a proper control of communicable disease several means are at our disposal. Our chief weapons against the spread of disease are Education, Immunization, Quarantine and Treatment. This month we will briefly discuss education.

1. Education: The people of Florida are unusually quick to grasp any opportunity to promote the general welfare of themselves and their families. They are elert and eager to learn the essential facts of hygiene and sanitation.

The State Board of Health is cooperating with the people in their desire to imform themselves as to the various public health problems that daily confront them. That is the purpose of this bulletin.

This Bureau has on hand a number of interesting and instructive pamphlets on such subjects as malaria, typhoid,hookworm, social hygiene, etc. These are mailed out upon request.

Numbers of lecture are delivered each month by members of the personnel of the Bureau. Upon request public health problems are discussed before Civic bodies, schools, clubs and other audiences.

One of our most interesting educational features is our motion pictures which though limited we hope to considerably increase in the future.

BUREAU OF COMMUNICABLE DISEASES (Continued)
Division of Venereal Diseases

Syphilis, gonorrhoea and chancroid, which are spoken of collectively as venereal disease, constitute one of the three most serious health problems in the state.

The activities of the Division of Venereal Disease are carried out under three main heads: These heads constituting measures for control are Educational, Medical and Repressive.

EDUCATIONAL

In our educational work we avail ourselves of every method of proper publicity; lectures, motion-picture exhibits, posters, distribution of pamphlets, classes in schools and colleges, and circularization by letters.

Our purpose is to teach social hygiene; to create a greater interest in social hygiene and a spirit of cooperation in the work amongst all classes of our citizens.

Our purpose is to create a demand for the enforcement of our present protective social measures and for a sentiment that will insist on the enactment of additional laws that are necessary for the carrying out of our plans for making Florida a safer, cleaner place in which to live.

Our purpose is to stress the importance of carrying out our plans from the economic standpoint, pointing out forcibly the facts as they relate to the very considerable loss we are suffering industrially from the lowered vitality and stamina of a highly infected laboring class, and that venereal disease is responsible for a large labor turn over, a high sickness rate, a considerable accident rate, and of a generally admitted lowering of efficiency.

It is our purpose to stress the further deplorable fact that our charitable and penal institutions are thronged with the wreckage resulting from our shamefully high venereal rate and that a considerable share of our taxes are levied for the support and treatment of these unfortunates.

It is our purpose to point out the results of venereal disease as applied to the individual; the terrible moral loss; sickness, poverty and death; the disruption of homes, the propagation of defective children to bankrupt future generations.

BUREAU OF CHILD WELFARE

W. B. Keating, M. D., Director.

It has been said that the business of being a baby should be classed among the extra hazardous occupations.

"The cradle is more fatal than the trench". It has been estimated that of every thousand soldiers, thirty die yearly while of every thousand babies under a year old, eighty seven die each year. How many escape actual death only to drag through a sickly childhood and inefficient maturity? Babyhood is the time for laying foundations. It is the time when bones are soft, tissues plastic and habits still unformed. Hence it presents an opportunity which once lost, will never return. An opportunity for removing defects, conserving health and above all for forming sound health habits.

Every child should in babyhood form habits of quiet sleep, regular hours, proper diet, free exercise and enjoyment of cleanliness. It is because these habits are not well rooted in babyhood that we have the nervous, anaemic older child who sleeps fitfully, eats carpriciously and develops into a semi-invalid maturity. If we are to rear a healthier, happier, more worth while future race we must begin at the beginning, with the babies.

A child comes into the world a potential asset to society, and it comes in response to a Universal Call and in fulfillment of a natural law. If it ever becomes a liability the fault is more with society than with the child, as society has the advantage of the accumulated knowledge and wisdom of the ages to which the child has an inherent right, and society must suffer for what the child does not get.

Whether a child shall prove an asset or a liability to society, depends very largely upon his health and his health in turn depends upon the surroundings and habits which parents, school and community fix upon him during his childhood.

Both society and individuals are immeasurably the gainers if childhood's "inherent right" to health is recognized. Of the twenty million American children between six and fifteen years of age, one million have defective hearing, five million have defective eyes, five million are mal-nourished, six million have enlarged tonsils or adenoids, and over ten million have defective teeth. In short, three quarters of them suffer from preventable or curable defects.

BUREAU OF ACCOUNTING
Screven Dozier, Auditor

This sheet has been allocated to the Accounting Department, so that something may be said in connection with the financial condition ofthe State Board of Health.

Be it remembered that this Department cannot indulge in Romance, Funny Stories or Imagination,but must deal with "Cold Facts"; and figures represent the facts in this Department.

We have had a disappearing balance since last June (1921), and it is steadily declining. The reduction of the support from ½ mill to ¼ mill by the last Legislature has struck the activities and usefullness of the State Board of Health "Below the belt", and even with the curtailed and limited operation, inaugurated by the Board and State Health Officer with the view of accommodating the activities to the reduced income, there has been a steady encroachment upon the reserve balance, until at this time, after paying March 1922 accounts, the reserve balance for all purposes is now only $29,350.77.

Statement

Balance on hand after paying February 1922, accounts	$31,717.27
March 1922, Receipts	$ 8,250,07
Total	$39,967,34
March 1922, Disbursements	$10,616.57
Balance	$29,350.77

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

BIRTH REGISTRATION

A conventional map on the following page indicates the states that are now in the United States Registration Area for Births. Florida has not yet been accepted into the Birth Registration Area. You will note from this map however, that we now have a satisfactory law; i. e., a law that is acceptable to the United States Government.

It is not a question of securing ninety per cent of the births occurring in the State for any one month, or any particular period, but it is absolutely essential that the law governing registration shall be so worded as to make it possible to build up a machine that will automatically make provision for at least ninety per cent of the births to be registered every year.

The Legislature of 1915, passed what is known as the model Vital Statistics Law, and this law is considered the VERY BEST after years of experience by states all over the country. On January 1st, 1917, the Model Law went into operation and birth registration has steadily increased in Florida every year since that date.

PHYSICIANS

The attending physician is required by law to file a birth certificate within ten days for every birth that he attends. The trusted and beloved family physician is relied upon by the parents to perform this most important duty. The family doctor who fails to file a birth certificate will very likely lose the high regard of those who once loved and trusted him.

MIDWIVES

If no physician is in attendance at the time of birth and services of a midwife are secured, according to law, it becomes the duty of the midwife to file a birth certificate within ten days.

PARENTS

Parents are responsible for filing birth certificates provided no physician or midwife is called. Many responsibilities fall upon the shoulders of parents, and the children who have thinking parents will look back with gratitude in years to come, because every thinking man and woman today will be certain that there is a birth certificate on file for all their children.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

DIVISION OF VITAL STATISTICS

WASHINGTON

BIRTH REGISTRATION AREA: 1922





ENGRAVED AND PRINTED BY THE U.S. GEOLOGICAL SURVEY

REGISTRATION STATES

States which have satisfactory registration laws and which actually register at least 90 per cent of all births.

LAWS UNDER TRIAL

States with good registration laws, such as the Model Law, which have not been in force sufficiently long to bring registration up to 90 per cent.

UNSATISFACTORY LAWS

States with laws which do not and can not secure good registration of births; for example, laws based on the "county system."

FIGURES INDICATE YEARS IN WHICH STATES WERE ADDED TO BIRTH REGISTRATION AREA

BUREAU OF VITAL STATISTICS (Continued)

TABLE NO. 8. Births and Birth Rates (exclusive of Still-births) by Color, and by Counties for the Year 1921.

Counties	Total Births	Rate per 1000 Pop.	White Births	Rate per 1000 Pop.	Col. Births	Rate per 1000 Pop.
STATE	22,074	22.1	15,211	23.0	6,863	20.0
Alachua	603	19.1	377	22.0	226	15.5
Baker	177	30.8	152	35.3	25	17.4
Bay	304	26.6	235	27.2	69	25.0
Bradford	304	24.3	258	28.7	46	13.2
Brevard	149	16.4	110	17.1	39	14.7
Broward	137	26.1	84	23.2	53	32.5
Calhoun	146	16.3	99	15.3	47	18.7
Citrus	117	22.4	80	29.7	37	14.7
Clay	107	19.1	68	19.2	39	18.8
Columbia	223	15.6	141	19.4	82	11.7
Dade	1,366	28.8	734	22.1	632	44.3
DeSoto	652	24.0	586	26.0	66	14.3
Duval	2,580	21.6	1,597	23.1	983	19.6
Escambia	1,119	21.9	856	24.3	263	16.6
Flagler	27	11.0	20	13.5	7	7.3
Franklin	113	21.2	68	24.1	45	17.9
Gadsden*	526	22.2	228	25.9	298	19.9
Hamilton	199	20.2	126	22.5	73	17.1
Hernando	76	16.7	52	19.1	24	13.2
Hillsboro	2,166	24.1	1,841	25.3	325	19.1
Holmes	313	24.0	293	24.4	20	19.2
Jackson	582	18.5	374	20.8	208	15.4
Jefferson	458	31.6	110	27.7	348	33.1
Lafayette	142	22.7	128	25.0	14	12.6
Lake	249	18.8	182	19.6	67	17.1

* State Hospital Included.

BUREAU OF VITAL STATISTICS (Continued)

TABLE NO. 8. Births and Birth Rates (exclusive of Still-births) by Color, and by Counties for the Year 1921. (Continued)

Counties	Total Births	Rate per 1000 Pop.	White Births	Rate per 1000 Pop.	Col. Births	Rate per 1000 Pop.
Lee	196	19.5	171	20.3	25	15.6
Leon	414	22.9	102	17.3	312	25.6
Levy	192	19.4	137	23.0	55	13.9
Liberty	140	27.9	80	28.8	60	26.4
Madison	397	24.0	197	24.6	200	23.6
Manatee	380	18.8	279	19.6	101	16.2
Marion	503	21.0	226	20.4	277	21.5
Monroe	507	26.3	379	24.9	128	29.5
Nassau	189	16.5	107	16.7	82	16.3
Okaloosa	242	25.8	210	27.9	32	17.4
Okeechobee	57	26.7	43	22.8	14	57.1
Orange	465	23.2	363	24.8	102	18.8
Osceola	134	18.0	111	17.7	23	19.3
Palm Beach	362	17.5	249	17.2	113	18.2
Pasco	169	18.8	134	19.6	35	16.2
Pinellas	455	14.5	384	14.6	71	14.1
Polk	1,086	28.0	890	29.9	196	21.0
Putnam	391	26.5	208	26.0	183	26.9
St. Johns	262	20.0	175	21.0	87	18.4
St. Lucie	218	25.7	162	25.2	56	27.6
Santa Rosa	304	22.2	234	21.4	70	24.6
Seminole	264	23.9	142	23.3	122	22.5
Sumter	133	16.5	106	18.4	27	12.0
Suwannee	378	19.4	245	20.5	133	16.7
Taylor	154	12.9	131	18.8	23	4.7
Volusia	424	17.3	302	19.0	122	14.3
Wakulla	122	23.6	75	26.8	47	19.7
Walton	375	30.9	303	31.3	72	29.6
Washington	326	27.6	267	30.1	59	20.0

BUREAU OF VITAL STATISTICS (Continued)

MORBIDITY

Notification of 3214 Cases of Sickness has been received during the month of March as compared with 1813 for the same month last year.

Diseases	Total Cases	By Weeks March 1922					Weekly average for March 1921.	
		1st.	2nd.	3rd.	4th.	5th.		
STATE	3,214	280	447	628	935	924	363	
Cancer	6	1	2	1	0	2	0	A
Chancroid	27	6	8	5	4	4	5	
Chicken Pox	79	17	24	10	23	5	32	
Diphtheria	74	10	14	18	19	13	10	
Dysentery	2	0	0	2	0	0	3	
Epi. Meningitis	1	0	1	0	0	0	0	A
German Measles	1	0	1	0	0	0	0	A
Gonococcus	202	34	46	37	57	28	41	
Hookworm	1,867	7	165	376	619	700	11	
Influenza	307	68	72	74	57	36	7	
Leprosy	4	1	0	1	0	2	0	
Malaria	56	11	4	11	9	21	11	
Measles	40	13	6	9	9	3	28	
Mumps	1	0	0	1	0	0	6	
O. Neonatorum	1	0	0	0	1	0	0	
Paratyphoid	1	0	0	1	0	0	0	
Pellagra	9	0	3	2	0	4	1	B
Pneumonia	22	4	5	4	3	6	3	
Poliomyelitis (A)	3	0	0	0	2	1	0	A
Scarlet Fever	10	3	0	3	1	3	3	
Small Pox	84	19	10	20	13	22	65	
Syphilis	222	30	55	38	60	39	82	
Trachoma	6	0	0	6	0	0	0	A
Trichinosis	4	0	0	0	4	0	0	
Tuberculosis	125	45	17	3	38	22	19	
Typhoid Fever	56	11	12	6	16	11	18	
Whooping Cough	4	0	2	0	0	2	12	

A - Less than one.
B - More than one but less than two.

BUREAU OF VITAL STATISTICS (Continued)
Reported Cases of the following diseases for March 1922.

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Influenza	Hookworm	Syphilis	Gonorrhoea
STATE	56	56	84	74	307	1867	222	202
Alachua	–	1	10	–	–	1	–	–
Baker	–	–	–	–	–	–	–	–
Bay	–	–	–	2	–	1	1	2
Bradford	–	–	–	–	–	1	–	–
Brevard	–	–	–	–	–	–	–	2
Broward	–	–	–	–	–	–	–	–
Calhoun	–	–	–	–	–	–	–	–
Charlotte	–	–	–	–	–	–	–	–
Citrus	–	–	5	–	–	–	–	–
Clay	–	–	–	–	2	–	–	2
Columbia	–	–	–	1	–	534	–	–
Dade	3	–	4	7	–	4	2	12
DeSoto	–	–	–	–	–	1	–	1
Dixie	–	–	1	–	–	–	–	–
Duval	7	8	8	7	195	–	144	124
Escambia	1	1	–	7	9	2	2	1
Flagler	–	–	–	–	–	–	–	–
Franklin	–	–	–	–	–	–	–	–
Gadsden	–	–	–	–	3	1	–	–
Glades	–	–	–	2	–	–	1	–
Hamilton	–	–	–	–	–	–	–	–
Hardee	–	–	–	–	–	–	–	–
Hernando	–	–	–	2	–	–	–	–
Highlands	–	–	–	–	–	–	–	–
Hillsboro	18	33	1	18	35	6	31	17
Holmes	–	–	–	–	3	–	–	–
Jackson	–	–	–	1	1	1	–	–
Jefferson	–	–	–	–	–	–	3	1
Lafayette	–	–	–	–	–	–	–	–
Lake	–	–	–	1	9	364	3	1
Lee	–	2	–	–	–	–	–	–
Leon	–	–	–	2	–	1	1	1
Levy	1	2	–	–	–	–	–	2
Liberty	–	–	–	–	–	–	–	–
Madison	1	–	1	–	–	–	–	–

BUREAU OF VITAL STATISTICS (Continued)
Reported Cases of the following diseases for March 1922.

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Influenza	Hookworm	Syphilis	Gonorrhoea
Manatee	–	–	–	1	–	–	–	2
Marion	–	2	4	–	1	7	1	–
Monroe	4	–	7	–	–	–	–	–
Nassau	–	–	–	–	–	–	–	–
Okaloosa	–	–	–	–	–	2	–	–
Okeechobee	1	–	–	–	–	–	–	–
Orange	3	–	6	4	–	3	–	–
Osceola	–	–	–	1	–	–	–	–
Palm Beach	1	1	–	–	–	155	–	–
Pasco	1	–	–	2	–	4	–	–
Pinellas	3	–	14	9	18	1	5	15
Polk	2	–	9	6	–	688	–	2
Putnam	–	–	1	–	–	–	1	5
St. Johns	1	–	6	–	7	–	–	–
St. Lucie	1	3	–	–	–	–	–	1
Santa Rosa	3	–	–	–	–	–	–	–
Sarasota	–	–	–	–	–	–	–	–
Seminole	–	1	3	–	12	9	–	1
Sumter	–	–	–	–	–	–	1	–
Suwannee	–	2	3	–	–	1	–	–
Taylor	1	–	–	–	–	–	3	–
Union	–	–	–	–	11	–	20	8
Volusia	4	–	1	1	1	79	3	2
Wakulla	–	–	–	–	–	1	–	–
Walton	–	–	–	–	–	–	–	–
Washington	–	–	–	–	–	–	–	–
Cities (Following figures are included with County Totals)								
Jacksonville	6	6	8	7	190	–	144	123
Tampa	11	30	1	15	30	2	30	12
Miami	2	–	–	7	–	4	1	10
Key West	4	–	7	–	–	–	–	–

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

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HUMAN LIFE IS THE STATE'S GREATEST ASSET

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HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

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Vol. 14 **APRIL 1922** **No. 2**

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

CALVIN T. YOUNG, M. D. . . . President, Plant City
HON. CHAS. H. MANN . . . . . Jacksonville
F. CLIFTON MOOR, M. D. . . . . Tallahassee

ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer

Taxes are not being paid as rapidly as expected. Hence the State Board of Health's finances are low. Expenses, however, continue as heretofore. Certain health activities of vital importance to the people of the State must be kept up. Following is some FOOD FOR THOUGHT. During the first six months of 1921 there were

Receipts $120,805.16 Disbursements $131,936.22 Deficit $11,131.06.

The new Board coming in at the end of this period faced a cut in the millage of fifty percent and immediately reduced the expense to a $130,000.00 budget and for the last six months of 1921 there were

Receipts $41,700.21 Disbursements $74,553.79 Deficit $32,853.58.

During January, February and March of 1922 there were

Receipts $17,789.63 Disbursements $35,855.72 Deficit $18,066.09.

It will be noted that during the period January 1st, 1921, to April 1st, 1922, there was a total deficit of $62,050.73. The deficit was paid out of the State Board of Health's emergency fund. This emergency balance was started by Doctor Joseph Y. Porter to protect the State and its citizens against sudden epidemics and has been handed down from year to year. Such an emergency balance of at least $50,000.00 should be kept on hand at all times. Because of the cut to one fourth mill this balance has dwindled to $29,350.77 (on April 1st, 1922). By January 1st, 1923, it will have entirely disappeared.

In order to stretch this money as far as possible, at a meeting of the Board of Health on May 6th, 1922, the expenses were still further reduced and the following budget was adopted effective as of May 1st, 1922.

Administration	$14,857.44	Engineering	$13,500.00
Communicable Disease	21,500.00	Laboratories	26,000.00
Vital Statistics	22,000.00	Multigraph	2,700.00
Child Welfare	6,642.56	Biologics	10,000.00

A total Budget of $117,200.00 from which amount it is expected to deduct $1,200.00 which amount will be derived from the Sheppard-Towner appropriation and directed towards the salary of the Director of the Bureau of Child Welfare, making the budget $116,000.00.

It will be noted that since June, 1921, the expenditures of the State Board of Health have been cut in two and that is why we cannot do many of the things so badly needed in Florida.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor.

Antirabic treatments. Attention is called to the State Health Officers circular letter of July 13, 1921, addressed to the Doctors throughout the State; in connection with the treatments he states as follows:

> "In the future the State will expect reimbursement for antirabic treatments except in those cases where the physician certifies that the patient is indigent, and that the administration is free."

It is very important therefore that when these treatments are ordered from the Jacksonville Laboratory, State Board of Health, the physician ordering same should without delay remit check payable to the State Board of Health covering the actual cost of the treatment or mail the certificate of indigency required.

Prompt attention by the physician to this feature will be very helpful to this department, and much appreciated.

FORM OF CERTIFICATE OF INDINGENCY

This is to certify that (Name of Patient) of (Town or City) receiving treatment No..... is indigent, and I am receiving no pay for the administration.

.....M. D.

Date.....

FINANCIAL STATEMENT

Balance from last statement	$29,350.77
April 1922, Receipts	21,131.63
	50,482.40
April 1922, Disbursements	10,970.41
Balance on hand, May 1, 1922.	$39,511.99

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF THE WORK DONE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING APRIL, 1922.

BACTERIOLOGICAL EXAMINATIONS

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal parasites	561	489	25	9	23	1107
Diphtheria	575	198	62	154	9	998
Typhoid	159	180	28	22	13	402
Malaria	249	200	30	18	32	529
Rabies	9	2	–	–	–	11
Tuberculosis	227	115	19	40	8	409
Gonorrhoea	159	117	26	24	4	330
Syphilis	1124	310	1	–	–	1435
Water	–	25	1	93	3	122
Milk	2	22	–	108	36	168
Miscellaneous	21	23	3	43	1	91
	3086	1681	195	511	129	5602

BIOLOGICAL PRODUCTS SENT OUT, APRIL, 1922.

Diphtheria Antitoxin:	10,000 Units	28
	5,000 "	48
Schick Test:	10's	36
	100's	34
Toxin Antitoxin:	1's	11
	10's	106
Tetanus Antitoxin:	5,000 Units	28
	1,500 "	59
Anti-Meningococcus Serum		3 Cylinders
Typho Bacterin		1090 Packages
Vaccine Virus		2680 Capillaries
Anti Rabic Virus		15 Treatments

BUREAU OF DIAGNOSTIC LABORATORIES (Continued)

*ANTIRABIC INOCULATION OF DOGS.

"Rabies is a disease that occurs virtually all over the world and man invariably contracts it from some lower animal, usually the dog. In view of the seriousness of the malady, preventive measures have long attracted the attention of hygienists. The prophylactic treatment due to the epoch making investigations of Pasteur has attained a permanent place in medical practice. **Stimson of the U. S. Public Health Service recently assured the readers of THE JOURNAL that rabies vaccine prepared by various procedures is now available throughout all portions of the United States to the extent that it may fairly be said that no exposed person need die of rabies for lack of injections. Many health boards are prepared to furnish it free of cost to the indigent and the cost of the commercial preparations is not prohibitive except to the destitute, for whom other provisions are made in almost every instance.

Individual prophylactic treatment, of course, cannot in any sense be regarded as a satisfactory scheme for the prevention of rabies in a community. The problem of the carrier of the materies morbi, the dog, is of greater moment. Accordingly in recent years the plan of destroying ownerless dogs, and of muzzling and keeping under restraint all others of the canine species, has been demonstrated as an effective mode of eradicating rabies where the restrictions are carried out rigorously. The experience of England is often cited in illustration. Consistent muzzling of all dogs, together with most radical restrictions on admission of dogs from foreign countries, produced almost complete elimination of rabies. Owing to the enormous area to be policed in this country, it is not so easy to carry out the systematic control of the dog population. Whenever rabies becomes more prevalent than usual in any state, however, restrictive measures are likely to be put into operation until a period of comparative safety leads to renewed indifference.

According to recent advices from Japan, rabies which formerly occurred there in only a few instances and within narrow limits, is beginning to become more prominent, cases appearing in all parts of the country. The method of prevention heretofore applied

* (Reprint of Editorial, Journal American Medical Association. July 16, 1921.)

BUREAU OF DIAGNOSTIC LABORATORIES (Continued)

ANTIRABIC INOCULATION OF DOGS (Continued)

by killing rabid and stray dogs,and by confinement or muzzling of pet and licensed animals, has proved insufficient to eradicate rabies in Japan.

***Umeno and his co-workers at the Kitasato Institute for Infectious Diseases in Tokyo,believing that something more than dog control is required to combat the disease, have investigated the possibilities of prophylactic inoculation which might be applied extensively to the canine population. The procedure applied to man and involving many repeated injections of vaccines of varying potency or attenuation would obviously be impracticable in the treatment of large numbers of dogs. However,the Japanese bacteriologists assert that they have succeeded in perfecting a method whereby a successful prophylactic inoculation may be made in one or two injections. It has been tested on hundreds of dogs. For example, during the year 1919, there were 14,644 registered pet dogs in Kanagawa Prefecture, of which 9,150 were vaccinated. Among that large number of vaccinated dogs, there occurred no cases of rabies. None suffered from infection after vaccination.

Umeno and his co-workers, who can now report on results involving more than 31,000 vaccinated dogs, assert that there has been a striking decrease of rabies, rabid dogs appearing only among the nonvaccinated. Hence they advocate the prophylactic inoculation of licensed dogs in addition to the other measures now taken to remove the danger of rabies from the human population.

Like many hygienic proposals, this one concerns the welfare both of man and of the domestic animals."

** Stimson, A. M.: Biologic Therapy, XII, Rabies Vaccine, J. A M. A. 76:241 (Jan. 22) 1921.

*** Umeno, S., Vet and Doi,Y.: A Study on the Anti-Rabic Inoculation of Dogs and the Results of Its Practical Application, Kitasato Arch. Exper. Med. 4:89 (March) 1921.

BUREAU OF COMMUNICABLE DISEASE

George A. Dame, M. D., Director

2. IMMUNIZATION: This is probably the second greatest factor in the control of communicable disease. "No public health evidence is more definite than that vaccination, properly performed, protects against smallpox. The more persons vaccinated, the fewer cases of smallpox will we have." This quotation is equally true when applied to immunization against typhoid fever and diphtheria.

If an ounce of prevention is worth a pound of cure it seems that the most reasonable thing to do is to prevent smallpox, diphtheria and typhoid by simple, safe and easily obtained immunity rather than to run the daily risk of contracting diseases that are dangerous to life and expensive to care for.

Toxin-antitoxin against diphtheria, smallpox vaccine against smallpox, and typho-bacterin against typhoid fever are furnished free by the State Board of Health to all citizens of the State.

See that every member of your family is immunized against typhoid and smallpox.

It should be borne in mind that antitoxin is the cure for diphtheria and that the immunizing agent is toxin-antitoxin. Toxin-antitoxin should not ordinarily be used until the child has been proven susceptible by the Schick test.

* * *

This Bureau recently secured the loan of a motion picture film from the Metropolitan Life Insurance Company on the subject of smallpox control, presenting a conclusive argument for vaccination.

This film is being exhibited by the District Health Officers in towns of the State where there are motion picture theaters. It has already been shown to thirty-two audiences with a total attendance of 10,930 persons.

Would you be interested in having this picture displayed in your community? Address a letter to the BUREAU OF COMMUNICABLE DISEASE, STATE BOARD OF HEALTH, JACKSONVILLE, FLORIDA.

The Director of the Bureau will be very glad to advise you as to any communicable disease.

BUREAU OF COMMUNICABLE DISEASE (Continued)
Division of Venereal Disease.

Last month we discussed some of the educational work of this Division. Next in importance in the control of venereal disease is the clearing up, by treatment, of the individual foci of such disease.

MEDICAL

One of the first activities of the Division of Venereal Disease was the opening of a chain of clinics. There are now in operation thirteen such clinics for the free treatment of indigent cases of gonorrhea, syphilis and chancroid.

This work is free only to those who are not able to pay. Several of the clinics are run on a basis whereby patients pay a graduated fee according to their ability to pay. If they are able to pay a fee that would secure treatment at the hands of a competent and reputable physician they are not accepted for treatment in the clinics.

Clinics with their location and names of directors are as follows:

Jacksonville	Dr. G. F. Oetjen
Sanford	Dr. Ralph E. Stevens
West Palm Beach	Dr. C. M. Conkling
Fort Pierce	Dr. H. D. Clark
Arcadia	Dr. J. H. Coffee
Tampa	Dr. John A. Barnes
Wauchula	Dr. Allen A. Poucher
Perry	Dr. Ralph J. Greene
Loughridge	Dr. J. Claude Bertram
Alton	Dr. J. A. Hague
Mayo	Dr. J. M. Anderson
Ocala	Dr. H. F. Watt
Duval County Hospital	Dr. R. H. McGinnis

There were under treatment in these clinics in the month of April, 1711 cases of syphilis, 851 of gonorrhea, and 127 of chancroid. Many of these cases continued treatment from March.

BUREAU OF CHILD WELFARE

W. B. Keating, M. D., Director.

WORK OF THE BUREAU OF CHILD WELFARE OF THE STATE BOARD OF HEALTH

The Bureau of Child Welfare, though handicapped by a very inadequate budget, and consequent lack of personnel, has done a great deal of valuable work for the children of the State.

From January 1st, 1920 up to the present time examinations have been made of about ninety thousand school children. These examinations revealed the fact that about three-fourths of those examined were suffering from some curable or remediable defect. Notifications were sent to the parents of these children, calling attention to the defects found, and recommending that their family physician be consulted and an effort made to have them corrected. Special attention was paid to children having symptoms of hookworm infection. In these cases a diagnosis was made by laboratory examination and the necessary treatment explained. Indigent children were treated free of charge, the necessary medicine being supplied to a local physician who volunteered to supervise the treatment. In many cases where parents were found to be financially unable to provide treatment for their children, the assistance of local doctors and dentists was solicited and corrective measures instituted.

Eye clinics have been held in forty-six cities and towns of twenty-two counties. At these clinics sixteen thousand, four hundred and four children were examined and one thousand, two hundred and forty-one cases treated.

A booklet, dealing with the diseases of childhood and containing information regarding "health habits" and "right living" was made up and a copy sent to every school teacher in the state. The booklet was intended to convey to the teacher information concerning the health of children so that she might be better able to detect symptoms of the more common forms of communicable disease, and by excluding a suspected case, and referring it to the family physician, prevent the possible occurrence of an epidemic.

A similar effort was made to educate the midwives of the state in the proper methods to use when attending cases of childbirth. A list of "rules" on how to properly conduct a case and a complete "obstetric package" was sent to every midwife. It is believed that this will aid materially in lowering the infant mortality rate.

BUREAU OF ENGINEERING

George W. Simons, Jr., S. B. Chief Engineer

At no time during the past five years has more constructive work of public health value been under taken or contemplated by Florida municipalities, than now. Everywhere throughout the state a sense of community consciousness is being aroused and long deferred measures of a beneficial character are being realized. Sewers, water works and purification plants are receiving more than unusual attention and this summer promises to be one of great construction activity among the utilities.

The State Board of Health is vitally interested in those utilities which exert an influence on public health, directly or indirectly - in any undertaking which tends towards a community betterment or an ultimate improvement of healthfulness. Engineers, in the past, have cooperated splendidly with the Board in its efforts to promote better community sanitation and at this time an appeal is made to all engineers and municipal officials to submit their plans and reports to the Board for approval and suggestions previous to installation.

The Bureau of Engineering will gladly confer with municipal engineers and officials on any proposed work and offer such suggestions as are deemed necessary. This is a service due the municipalities. IF A MUNICIPALITY HAS UNDER CONSIDERATION ANY SEWERAGE, WATER OR CITY BETTERMENT WORK NOT YET APPROVED BY THE STATE BOARD OF HEALTH IT IS ADVISED THAT STEPS BE TAKEN TO LAY SUCH MATTERS BEFORE THE BOARD FOR STUDY.

Following are enumerated a number of places where constructive work is being actively done, has been recently completed or is being contemplated:

(1) Proposed for installation during summer.
(2) Course of construction, plans approved by State Board of Health.
(3) In Compliance with State Board of Health advice.

Miami -- Sewerage, sewage treatment (1), mosquito work (3).
West Palm Beach -- Sewerage, sewage treatment (2).
Fort Pierce -- Water supply developement, mosquito work (3).
Jacksonville -- Water treatment (3).
Vero -- Water supply (1), mosquito work (3).
St. Augustine -- Sewerage (2).
Clearwater -- Sewerage (1) and water supply (2).

BUREAU OF ENGINEERING (Continued)

Dunedin -- Sewerage (2).
Okeechobee -- Sewerage and sewage disposal (2).
Auburndale -- Water purification (1).
Orlando -- Water filtration, garbage incineration (1).
Sanford -- Sewerage extensions (1).
Eastport -- Sewerage (3).
Green Cove Springs -- Sewerage (1).
Winter Garden -- Sewerage and sewage treatment (2).
Inverness -- Sewerage and sewage treatment (2).
Monticello -- Sewerage, sewage treatment (2).
St. Petersburg -- Sewage treatment (3).
Plant City -- Sewerage extension, sewage treatment (3).
Tampa -- Water supply (1).
Tallahassee -- Sewage treatment (3)
Quincy -- Sewerage extension (1).
Eustis -- Sewerage extension (1).
Winter Haven -- Sewerage, sewage treatment (3).

In addition to the municipal projects of the above type, many communities are engaging in other sanitary activities worthy of mention. Waldo, Plant City, New Port Richey and Pablo Beach are conducting vigorous privy improvement campaigns; Miami, Fort Pierce and Vero are instituting mosquito control measures.

HOW ONE CITY DOES IT

Probably in no Florida city has a more intensive and enthusiastic mosquito control project ever been attempted than in Miami this summer. And from all indications and reports forthcoming the efforts and money being expended, as well as the measures of the program being enforced are being productive of effective results.

Subsequent to a study of the Miami problem by the Bureau of Engineering a comprehensive plan of attack was outlined and presented to the Director of Public Welfare who advocated its adoption and enforcement by the Commission. This plan included (1) adoption and enforcement of ordinance, (2) appointment of a number of mosquito inspectors and oilers, (3) an intensive educational program through booklets, newspapers, circulars and flyers, (4) lectures and movies, (5) appropriation of sufficient funds to carry on work and (6) cooperation of garages to supply oil.

BUREAU OF ENGINEERING (Continued)

The Commission complied with the Director's recommendations and early in April the plan as laid down by the State Board of Health was instituted. Inspections are now being made regularly and violators are being prosecuted and mosquitoes are not much in evidence.

During one of the weeks, 3647 mosquito inspections were made. In this inspection week the following mosquito violations were observed and ordered corrected:

Water barrels	499
Buckets	402
Cisterns	105
Depressions	110
Excavations	17
Pools	32
Eave Troughs	3
Fountains	14
Tubs	2132
Troughs	1
Urns	18
Derelect craft	2
Ditches	13
Other containers	1619
Catch basins	554

The Miami spirit is producing results and more cities in Florida should "follow suit."

Mosquitoless Cities

Advertise

Themselves

DO YOUR PART

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

The following recently appeared in a Wisconsin Health Bulletin and will answer some questions that have already been put to local registrars in Florida.

THE MEDICAL PROFESSION AND VITAL STATISTICS

"Every profession, whether law, journalism, education, medicine, the ministry, etc., primarily exists in the interests of the public. The organized effort of each one is directed to this end. Failing in this would degenerate and fail of its own mission. The state, recognizing the functions of the various professions toward the people, enacts and enforces laws to conform to professional standard. Vital statistics stand in relation to the public good. The organized medical profession appreciates this fact, and has been instrumental in securing the vital statistics law. All sanitary laws represent the progress of the medical profession. Professional standards are expressed in the language of state medicine. Medical licensure by the state is intended to safeguard public interests and imposes those conditions of qualifications and public service which the right to practice medicine implies. Men whose occupations stand in relation to the public health are required to conform to certain rules of conduct . . . laws are passed in the interest of the people and not especially for the medical profession. They are intended for the physician to obey . . . It is a foregone conclusion that the courts will not grant special favors to physicians under operations of the vital statistics act.

The only legal justification which can be found for the requirement by the state of a license on the part of the practicing physician is that the legally qualified physician occupies the position of a quasi-public official and that in return for the performance of certain duties he is granted certain special privileges. It is necessary for the good of the community that carefully compiled statistics shoud be available regarding the causes of death. To be of any value such statistics must be based on reports from competent persons, that is from legally qualified and recognized physicians. The duty of making reports of birth and deaths,

BUREAU OF VITAL STATISTICS (Continued)

therefore, is a part of the implied contract by which the physician holds a license from the state authorizing him to practice medicine. As every attorney who is admitted to the bar by the profession of his state, is regarded, in a sense, as an officer of the state, so every legally qualified physician should be regarded, in a sanitary and hygienic sense, as a state health officer. The duty of reporting births and deaths is one of the most important of his obligations and should not for a moment be neglected nor should the state be expected to provide a nominal compensation for such service. If the physician were on the same plane as the grocer or dry goods merchant, he could reasonably refuse to perform any service unless he were compensated therefor. The groceryman, however, does not receive any license from the state, neither does he ask the state to prevent any except legally qualified grocerymen from engaging in business. When the medical profession assumes the position of a specially qualified and privileged class, it must recognize the duties and obligations of such a class as well as the advantages."

NOTICE TO FLORIDA PRESS

The press of the State, is cordially invited to use any or all of the text published in the Florida Health Notes.

ERRATA

First paragraph on Page 2, of the March, 1922, Florida Health Notes, should read, "May 1919, Volume 13, (New Series) No. 5."

CURE DISEASE, OR PREVENT IT ?

"We are coming to recognize that priceless as is the power to cure disease, power to prevent it is of far more worth to the community."

Rush Rhees, President University of Rochester, N. Y.

BUREAU OF VITAL STATISTICS (Continued)

MORBIDITY

Notification of 1682 Cases of Sickness has been received during April as compared with 1264 for the same month last year.

Diseases	Total Cases	By Weeks April 1922 1st.	2nd.	3rd.	4th.	Weekly average for April 1921	
STATE	1,682	670	306	201	505	316	
Cancer	34	0	32	0	2	1	B
Chancroid	19	4	2	8	5	5	
Chicken Pox	38	15	12	8	3	7	
Dengue	1	0	0	1	0	0	
Diphtheria	56	10	18	15	13	6	
Dysentery	17	3	6	1	7	2	
Epi. Meningitis	1	0	1	0	0	0	A
Favus	1	1	0	0	0	0	
German Measles	2	0	1	1	0	0	
Gonococcus	138	50	34	22	32	34	
Hookworm	853	472	12	20	349	19	
Influenza	73	31	13	21	8	2	
L. Encephalitis	1	1	0	0	0	0	A
Malaria	39	5	8	13	13	13	
Measles	18	7	7	3	1	27	
Mumps	2	0	1	1	0	5	
O. Neonatorum	1	0	0	0	1	0	
Paratyphoid	2	1	0	0	1	0	
Pellagra	11	2	6	1	2	0	A
Pneumonia	53	2	47	3	1	2	
Poliomyelitis (A)	1	0	1	0	0	0	
Scarlet Fever	7	2	2	2	1	3	
Small Pox	41	16	16	5	4	54	
Syphilis	128	23	30	48	27	82	
Tetanus	4	0	3	0	1	0	A
Trachoma	3	2	1	0	0	8	
Trichinosis	1	1	0	0	0	0	
Tuberculosis	84	12	39	14	19	15	
Typhoid Fever	35	8	8	9	10	20	
Whooping Cough	18	2	7	5	4	13	

A - Less than one.
B - More than one but less than two.

BUREAU OF VITAL STATISTICS (Continued)
Reported Cases of the following diseases for April, 1922.

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Hookworm	Tuberculosis	Syphilis	Gonorrhoea
STATE	35	39	41	56	853	84	128	138
Alachua	1	–	3	2	2	3	–	–
Baker	–	–	–	–	–	–	–	–
Bay	–	–	–	–	–	–	–	4
Bradford	–	–	–	–	–	1	–	–
Brevard	–	–	–	1	–	–	–	1
Broward	–	–	–	–	–	–	–	–
Calhoun	–	–	–	–	1	–	–	–
Charlotte	–	–	–	–	–	–	–	–
Citrus	–	–	7	–	–	–	–	–
Clay	–	1	–	–	–	1	–	–
Columbia	–	–	–	–	–	1	2	–
Dade	1	–	2	3	–	3	5	5
DeSoto	–	–	–	–	–	–	–	–
Dixie	–	–	–	–	–	–	–	–
Duval	5	8	4	15	11	12	83	89
Escambia	3	–	–	1	1	1	6	5
Flagler	–	–	–	–	–	–	–	–
Franklin	–	–	–	–	–	–	–	–
Gadsden	2	–	1	–	3	3	–	1
Glades	–	–	–	–	–	–	–	–
Hamilton	–	–	–	–	269	–	–	–
Hardee	1	–	–	–	–	–	–	–
Hernando	–	–	–	1	1	–	–	1
Highlands	–	–	–	–	–	1	–	–
Hillsboro	9	23	2	15	7	21	8	17
Holmes	–	–	–	–	–	1	1	–
Jackson	1	1	–	–	3	2	1	–
Jefferson	–	–	2	–	328	–	–	–
Lafayette	–	–	–	–	–	–	–	–
Lake	–	–	–	1	–	3	2	–
Lee	–	1	–	–	2	1	–	–
Leon	–	2	–	1	6	–	1	2
Levy	–	–	1	–	–	–	–	1
Liberty	–	–	–	–	–	–	–	–
Madison	2	–	–	–	–	–	1	–

BUREAU OF VITAL STATISTICS (Continued)
Reported Cases of the following diseases for April, 1922.

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Hookworm	Tuberculosis	Syphilis	Gonorrhoea
Manatee	–	–	–	–	1	2	–	3
Marion	–	–	1	1	1	3	–	–
Monroe	–	–	8	–	–	4	–	–
Nassau	–	–	–	–	–	–	1	–
Okaloosa	–	–	–	–	2	–	–	–
Okeechobee	–	–	–	–	2	–	–	–
Orange	–	–	1	–	7	5	–	–
Osceola	–	–	–	–	–	–	–	–
Palm Beach	–	–	–	–	1	1	–	1
Pasco	–	–	–	–	3	2	–	–
Pinellas	–	1	2	2	1	5	5	6
Polk	1	–	3	6	5	1	3	–
Putnam	1	2	2	2	3	1	1	–
St. Johns	–	–	1	–	–	–	–	1
St. Lucie	2	–	–	–	–	–	–	–
Santa Rosa	–	–	–	1	1	–	1	–
Sarasota	–	–	1	1	–	–	–	–
Seminole	1	–	–	2	3	1	–	1
Sumter	1	–	–	–	1	1	–	–
Suwannee	1	–	–	–	1	1	2	–
Taylor	–	–	–	–	–	–	–	–
Union	–	–	–	–	1	–	5	–
Volusia	1	–	–	1	185	1	–	–
Wakulla	–	–	–	–	1	–	–	–
Walton	2	–	–	–	–	1	–	–
Washington	–	–	–	–	–	1	–	–
Cities (Following figures are included with County Totals)								
Jacksonville	5	7	4	15	2	11	83	84
Tampa	7	18	–	11	2	14	8	11
Miami	1	–	1	2	–	1	5	5
Key West	–	–	8	–	–	4	–	–

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINH IT OVER CAREFULLY. The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

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BUREAU OF VITAL STATISTICS (Continued)
Reported Cases of the following diseases for April, 1922.

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Hookworm	Tuberculosis	Syphilis	Gonorrhoea
STATE	35	39	41	56	853	84	128	138
Alachua	1	–	3	2	2	3	–	–
Baker	–	–	–	–	–	–	–	–
Bay	–	–	–	–	–	–	–	4
Bradford	–	–	–	–	–	1	–	–
Brevard	–	–	–	1	–	–	–	1
Broward	–	–	–	–	–	–	–	–
Calhoun	–	–	–	–	1	–	–	–
Charlotte	–	–	–	–	–	–	–	–
Citrus	–	–	7	–	–	–	–	–
Clay	–	1	–	–	–	1	–	–
Columbia	–	–	–	–	–	1	2	–
Dade	1	–	2	3	–	3	5	5
DeSoto	–	–	–	–	–	–	–	–
Dixie	–	–	–	–	–	–	–	–
Duval	5	8	4	15	11	12	83	89
Escambia	3	–	–	1	1	1	6	5
Flagler	–	–	–	–	–	–	–	–
Franklin	–	–	–	–	–	–	–	–
Gadsden	2	–	1	–	3	3	–	1
Glades	–	–	–	–	–	–	–	–
Hamilton	–	–	–	–	269	–	–	–
Hardee	1	–	–	–	–	–	–	–
Hernando	–	–	–	1	1	–	–	1
Highlands	–	–	–	–	–	1	–	–
Hillsboro	9	23	2	15	7	21	8	17
Holmes	–	–	–	–	–	1	1	–
Jackson	1	1	–	–	3	2	1	–
Jefferson	–	–	2	–	328	–	–	–
Lafayette	–	–	–	–	–	–	–	–
Lake	–	–	–	1	–	3	2	–
Lee	–	1	–	–	2	1	–	–
Leon	–	2	–	1	6	–	1	2
Levy	–	–	1	–	–	–	–	1
Liberty	–	–	–	–	–	–	–	–
Madison	2	–	–	–	–	–	1	–

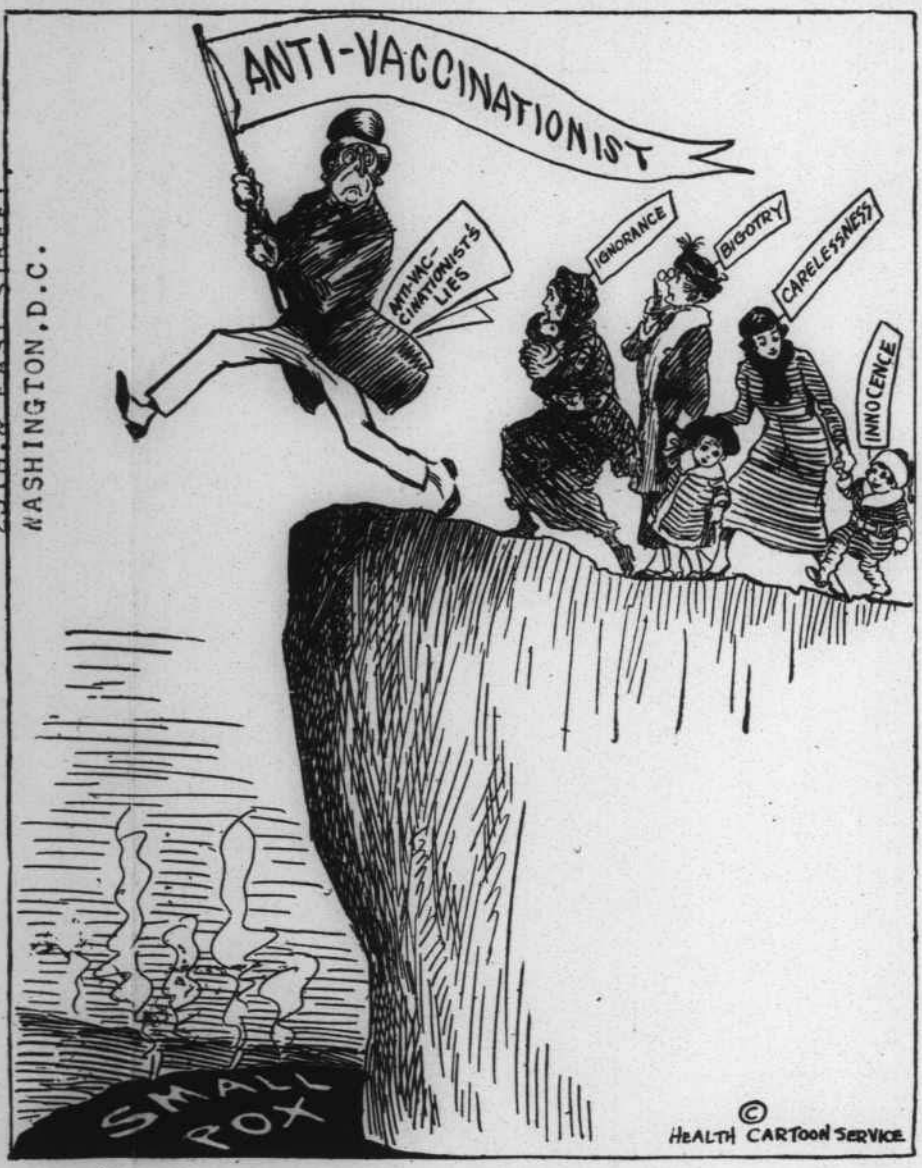
BUREAU OF VITAL STATISTICS (Continued)
Reported Cases of the following diseases for April, 1922.

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Hookworm	Tuberculosis	Syphilis	Gonorrhoea
Manatee	–	–	–	–	1	2	–	3
Marion	–	–	1	1	1	3	–	–
Monroe	–	–	8	–	–	4	–	–
Nassau	–	–	–	–	–	–	1	–
Okaloosa	–	–	–	–	2	–	–	–
Okeechobee	–	–	–	–	2	–	–	–
Orange	–	–	1	–	7	5	–	–
Osceola	–	–	–	–	–	–	–	–
Palm Beach	–	–	–	–	1	1	–	1
Pasco	–	–	–	–	3	2	–	–
Pinellas	–	1	2	2	1	5	5	6
Polk	1	–	3	6	5	1	3	–
Putnam	1	2	2	2	3	1	1	–
St. Johns	–	–	1	–	–	–	–	1
St. Lucie	2	–	–	–	–	–	–	–
Santa Rosa	–	–	–	1	1	–	1	–
Sarasota	–	–	1	1	–	–	–	–
Seminole	1	–	–	2	3	1	–	1
Sumter	1	–	–	–	1	1	–	–
Suwannee	1	–	–	–	1	1	2	–
Taylor	–	–	–	–	–	–	–	–
Union	–	–	–	–	1	–	5	–
Volusia	1	–	–	1	185	1	–	–
Wakulla	–	–	–	–	1	–	–	–
Walton	2	–	–	–	–	1	–	–
Washington	–	–	–	–	–	1	–	–
Cities (Following figures are included with County Totals)								
Jacksonville	5	7	4	15	2	11	83	84
Tampa	7	18	–	11	2	14	8	11
Miami	1	–	1	2	–	1	5	5
Key West	–	–	8	–	–	4	–	–

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINH IT OVER CAREFULLY. The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

PRINTED BY MULTIGRAPH DEPARTMENT

The Blind Leading the Blind



LIBRARIAN HYGIENIC,
LABORATORY,
25TH & EAST STREET,
WASHINGTON, D.C.

A bitter awakening is impending.

Many Florida communities are in danger because of neglected protection. Does this apply to yours?

LIBRARY 2 Je 22
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WASHINGTON, D. C.

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

ENTERED AS SECOND CLASS MATTER, OCTOBER 27, 1921
AT THE POSTOFEICE AT JACKSONVILLE, FLORIDA, UNDER THE ACT OF AUGUST 24, 1912

Vol. 14 **MAY, 1922** **No. 3**

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

CALVIN T. YOUNG, M. D. . . . President, Plant City
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LIST OF PUBLICATIONS FOR FREE DISTRIBUTION

Hookworm Disease
Tom Hardy (Hookworm)
How Typhoid Fever is Caused
Malaria Catechism
Tuberculosis
#124 House Fly
The Fly
Pellagra
What We Know About Cancer
Smallpox
Mosquitoes and Mosquito Control
Florida Tank Privy
Home Sanitation
What the City Should Do
Septic Tank with Plans
Child Care
Infant Care
Prenatal Care
Bottle Feeding
Motherhood
Breast Feeding
Health of the School Child
Malnutrition
The Road to Health
Trachoma
Child Health Programs

SOCIAL HYGIENE
- A. For Young Men
- B. For General Public
- C. For Boys
- D. For Parents
- E. For Girls and Young Women
- F. For Educators

What Citizens think of Prostitution
Fighting Venereal Disease
Instructions re Syphilis
Instructions re Gonorrhea

Weaning the Baby
Prevention of Opthalmia Neonato
Advise to Mothers
Diets
School Box Lunches
Diet for child 12 - 18 months
" " " 18 - 24 "
" " " 2 - 3 years
" " " 3 - 6 "
" " " 2 - 6 "
" " " 3 - 5 "
" " " 5 - 7 "
" " " 8 - 12 "

VITAL STATISTICS
- Deaths by Counties
- Deaths by Cities
- Births by Counties
- Births by Cities
- Infant Mortality (Rates)
- Disease Rates (As Specified)

ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer.

BIOLOGICS

The State Board of Health furnishes the following biological products to the citizens of this State; diphtheria antitoxin for the treatment of diphtheria, the Schick test for finding who are the susceptible members of a community and toxin-antitoxin for immunizing those who are susceptible to diphtheria, tetanus antitoxin for both immunization (1500 units) and treatment (5000 units), typho bacterin (triple), vaccine virus, antimeningococcus serum and antirabic virus.

All but the antirabic virus are furnished without cost and this is furnished at a very low price to those who are not indigent while it is furnished free to those who are unable to pay and when the physician certifies that the patient is indigent and that he is receiving no pay for the administration.

In order that diphtheria antitoxin may be easily and quickly obtained certain drug stores at central locations have been designated as antitoxin stations and small stocks of diphtheria antitoxin also typho bacterins are kept at these stations while at each of the branch laboratories all of the above named biologics are kept except the antirabic virus which is kept only at the central laboratory at Jacksonville which is also the main distributing point to all the stations and from which all large requests should be secured.

All requests for biologics should be sent direct to the laboratory as many times this will result in a saving of twentyfour to fortyeight hours in filling the request for the laboratory is open every day in the year for at least a half day and the laboratory mail is opened Sundays and holidays as well as other days.

PLEASE BE SPECIFIC IN YOUR REQUESTS. For instance, we have received requests like the following,"Please send vaccine". This might mean one, five,ten, fifteen, twentyfive, fifty or a hundred and it might be either typhoid vaccine or vaccine virus that was desired. Help us to help you.

An alphabetical list of antitoxin stations appears on the following page. Note the nearest station for sometime you may need to call for antitoxin. In order to be sure that your station can furnish you with potent products see that there is a supply of fresh material and that it is always kept cold.

ADMINISTRATION (Continued)

ANTITOXIN STATIONS.

City	Station
Apalachicola	Wm. M. Pooser Drug Co.
Arcadia	Arcadia Drug Co.
Avon Park	Avon Park Drug Co.
Blountstown	Leonard Drug Co.
Bradentown	Balis Drug Co.
Century	Century Pharmacy.
Chipley	Mitchell Drug Co.
Clearwater	George Moore.
Cocoa	Hughlett Drug Co.
Dade City	Griffin Drug Co.
Daytona	Hankins Drug Co.
DeFuniak Springs	P. H. Cannady Drug Co.
Fernandina	Horsey's Drug Co.
Fort Meade	Langford Drug Co.
Fort Myers	Pixon & Schultz Drug Co.
Fort Pierce	Silver Palace Drug Co.
Gainesville	J. S. Bodiford Drug Co.
Inverness	Inverness Drug Co.
Jacksonville	State Laboratory.
Key West	Porter Drug Co.
Kissimmee	Conner Drug Co.
Lake Butler	Tomlinson-Maines Drug Co.
Lake City	Columbia Pharmacy.
Lakeland	Henleys Drug Store.
Live Oak	Suwannee Drug Co.
Miami	State Laboratory.
Ocala	Anti-monoply Drug Co.
Okeechobee	Park Pharmacy.
Orlando	Evans Rex Drug Co.
Palatka	City Drug Store.
Panama City	Sims Drug Co.
Plant City	Plant City Drug Co.
Pensacola	State Laboratory.
Quincy	City Drug Store.
St. Augustine	St. George Pharmacy.
St. Petersburg	Bennett's Pharmacy.
Sanford	Mobley's Drug Store.
Starke	Mitchell Drug Co.
Tallahassee	State Laboratory
Tampa	State Laboratory..
Wauchula	Beeson Brothers.
West Palm Beach	Speers Pharmacy.
Winter Haven	S. H. Woods.

BUREAU OF ENGINEERING
George W. Simons, S. B. Chief Engineer

The State Board of Health is being constantly "pestered" by agents of socalled sanitary devices or commodities seeking commendatory letters pertaining to their respective commercial products offered for sale to the public. These agents represent manufacturers of "improved" toilets, disinfectants, water filters, bottled waters, screen doors and other schemes for getting the money of the uninformed public. These shrewd and crafty agents, oftentimes unscrupulous, know full well that their products, recommended in a favorable letter from the State Board of Health, will sell better.

Agents are more plentiful in winter than in summer; the balmy Florida air is more attractive than the frigid blasts of the north during this particular season, and, by means of their commercial products secure a livlihood at the expense of our citizens.

The State Board of Health is mainly an advisory organization; it aims among other things, to post the people, prevent them from losing money on worthless health schemes. To effect this protection of the public the State Board of Health has a number of rules and regulations relating to many of the aforementioned products. For instance,all water bottlers operating or importing water into the state must be licensed by the Board,following a plant inspection and an examination of their methods of water handling. All bottled waters sold are examined at least every other month. Again, the sizes, capacities and materials of residential sewage tanks (septic tanks) are defined and specified by a Board regulation and commercial concerns operating in the state are not only required to conform to the regulation as regards the manufacture of their product, but further must report monthly all installations sold in the state. The Board clearly specifies the general privy types applicable for use in different sections of the state and provides necessary descriptive literature, plans and construction information for the use of citizens desiring to install same. Information is also on file relative to analytical tests made on various household "filters" and other household conveniences for sanitary uses.

It is a policy of the Board not to specifically recommend any of these commercial products. Letters are provided to commercial concerns in answer to inquiries stating simply whether or not their product conforms to our specifications and is approved for sale in Florida. WE DO NOT RECOMMEND CHEMICAL TOILETS; WE DO NOT RECOMMEND SO CALLED HOUSEHOLD "FILTERS", and any other devices

BUREAU OF ENGINEERING (Continued)

which are on the market for money making. We do not recommend one bottled water over any other. Frequently one notes an advertisement to the effect that a certain water is RECOMMENDED by the State Board of Health, such a statement is an untruth - if a water conforms to our requirements we APPROVE of its sale, but do not RECOMMEND it.

The State Board of Health can assist the people. Before buying any device proclaimed as the "last word" or "cureall" CALL UP OR WRITE THE STATE BOARD OF HEALTH AND INQUIRE ABOUT IT. Information will be forth coming - chances are that you will be money ahead and these numerous money making schemes will "take to the timber".

TYPHOID FEVER

Typhoid fever is a disease of carelessness - a disease of filth! In Florida common methods of infection are:

(1) Improper, careless handling of feces of infected patient causing the soiling of hands, linen, utensils, etc.

(2) Open, insanitary privy - untreated infected feces disposed therein.

(3) Open unscreened houses.

(4)Feeding of fly on infected feces - entrance of fly into house and contamination of food.

The patient's discharges should always be properly disinfected
Houses should be screened.
Privies should be made sanitary and fly-proof.
Every person in the community should be inoculated against typhoid fever.
A LITTLE EFFORT ON YOUR PART WILL HELP REDUCE TYPHOID IN FLORIDA

Cooperation is a great thing. Many of us talk cooperation, but how many really practice it? In Miami they know the meaning of the word; the citizens there are cooperating with the inspector and with the Department of Public Welfare in the big mosquito fight. It pays! Cooperative efforts in Miami will prevent dengue and malaria and promote general comfort and enhance property. Roger Babson in his recent publication, "Religion and Business" gives a good golden text as follows:

BUREAU OF ENGINEERING (Continued)

"We all must learn that each can ultimately help himself only as both cooperate to help the community as a whole. As we cooperate to help the community a reaction will come which will truly help us. Nature makes no distinction in distributing her rewards and punishments".

THINK IT OVER - THEN COOPERATE - DO YOUR PART.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING MAY, 1922.

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal parasites	571	165	184	12	32	964
Diphtheria	184	95	21	55	2	357
Typhoid	233	216	54	23	14	540
Malaria	361	255	40	21	90	737
Rabies	16	11				27
Tuberculosis	229	119	34	34	14	430
Gonorrhoea	142	99	22	30	2	295
Syphilis	1266	301	2			1569
Water: Bact. Ex.		28		28		56
" NaCl Cont.				32		32
Milk: Bact.	14	14	1	43	7	79
Chem.	14	14	4	87	2	121
Miscellaneous	21	15	5			39
	3051	1302	365	365	163	5246

Specimen containers distributed 2508

BIOLOGICAL PRODUCTS SENT OUT DURING MAY, 1922.

Diphtheria Antitoxin:		
10,000 units	69	
5,000 "	14	
Schick Tests: 10's	10	
100's	28	
Toxin Antitoxin: 1's	1	
10's	53	
Tetanus Antitoxin:		
5,000 units	30	
1,500 "	142	
Anti Meningococcus Serum	4	Cylinders
Typho Bacterins	1094	Packages
Vaccine Virus	2200	Capillaries
Anti Rabic Virus	19	Treatments

BUREAU OF COMMUNICABLE DISEASE
George A. Dame, M. D., Director.

3. QUARANTINE: The term ISOLATION is usually substituted for quarantine in State Board of Health practice.

Isolation is defined to be the complete separation of the person infected with a communicable disease and those attendant upon such person, from all other persons.

The State Health Officer and his accredited representatives are authorized by law to institute, enforce and to terminate isolation.

Isolation is instituted for the purpose of protecting well persons from exposure to communicable disease and the consequent danger of contracting such disease.

Isolation is based on the theory that if you withhold fuel from a fire that it will eventually die out.

There are some weak points in isolation or quarantine.

1. That it is not always possible to detect all cases for purpose of instituting isolation.

2. Cases that are placed in isolation are usually fairly well advanced before detection and have usually come in contact with others who may be susceptible to infection.

3. It is quite often difficult to enforce a complete isolation.

4. Isolation is, therefore, likely to create a false sense of security and to cause persons susceptible to infection to disregard other proper steps toward prevention of infection.

Isolation with its faults is, however, one of our strongest factors in control of communicable disease particularly in those diseases where there is no method of producing artificial immunity.

* * * *

Parents who permit their children infected with a communicable disease to associate with or even to go near others who may be susceptible, are NOT GOOD CITIZENS.

BUREAU OF COMMUNICABLE DISEASE (Continued)
Division of Venereal Disease.

The terrible role that venereal disease plays in industry is beginning to be recognized by the industrial leaders of the state.

The Florida East Coast Railway after investigation and study has adopted the plan of the Florida State Board of Health and the Public Health Service for combating venereal disease. This company employs about four thousand men who with their families constitute a considerable section of the population of the East Coast.

This plan calls for thorough cooperation of the three parties interested. Briefly, the INDUSTRIAL PLAN is as follows:

1. Distribution of educational material, posting bulletins, placards, etc.

2. Confidential interviews between employees and the executive entrusted with health or welfare work. Free lectures by sanitarians and motion picture exhibits at plants.

3. Examination, by competent physicians, of employees who have or think they have a venereal disease. When feasible, time off with pay is to be allowed employees who are in an infectious stage and constitute a menace to others.

4. Employees found infected to be sent to a reputable, competent physician, to a hospital, or to a venereal disease clinic. Conscientious follow up work. Tactful assistance to members of families with a view to learning whether they need treatment.

5. Employees under certain circumstances are to be referred to State Board of Health clinics, the locations of which are to be posted for the benefit of employees.

6. Employers and employees assume the attitude that, from the public health standpoint, venereal diseases are diseases - not crimes.

* * * *

This INDUSTRIAL PLAN, to a large extent, was adopted some months ago by the officials of the Standard Lumber Company which has plants at several points in Suwannee, Lafayette and Taylor Counties. They are cooperating in conducting four venereal clinics.

BUREAU OF CHILD WELFARE

W. B. Keating, M. D., Director.

HOOKWORM DISEASE *

"Hookworm disease is world-wide. It is found in all countries which lie in the tropical and sub-tropical zone. Through centuries it has stunted the growth of the minds and bodies of millions of people. Yet its cure as well as its prevention, is simple and certain.

The full-grown hookworm is about one-third to one-half, occasionally almost two-thirds of an inch in length. It is about the thickness of a small hairpin or a number 30 thread. As a rule it looks white. But when filled with blood, has a dark brownish color. Its skin and general appearance to the unaided eye is that of a miniature earth worm.

Hookworm infection can only be contracted by coming in contact with the stools of someone who has the disease.

Hookworm larvae enter the body in various ways, most commonly through the skin. When a barefooted person steps on ground on which hookworm larvae lie, they stick to the feet and will at once begin to bore their way through the skin, particularly between the toes, where dirt easily sticks for a while, and where the skin is tender. Many hundreds of these larvae may enter the body in this way in a short time. This boring on the part of the many hookworm larvae causes a bad itch. People in the southern United States speak of this as "ground-itch", and in Porto Rico and Central America as "Mazamorra".

Once through the skin the little worm finds its way into the lymph and blood vessels and is then swept on through the heart and into the lungs; after reaching the lungs it enters the air spaces. From here it passes along the air passages, up to the wind-pipe, into the throat, then down the esophagus or gullet to the stomach, and from here to the small intestine, which becomes its permanent home.

A shorter but less frequent way for the larvae to reach the intestine is by being swallowed with vegetables or fruit, or other substances.

Once in the intestine, it crawls into the folds of the membrane and grows rapidly to many times its original size, until mature. These full-grown hookworms fasten themselves to the lining of the small intestine by their jaws, which look like sharp hooks.

BUREAU OF CHILD WELFARE (Continued)

While living in the intestine the hookworms mate and lay thousands of eggs, which pass off with the stool. These eggs, if conditions of air, moisture, soil, and heat are right, hatch as already described and so produce countless little larvae worms, which may then enter the body.

Children are more often infected than grown people, because children more frequently go barefooted. Grown people, if protected from reinfection, by shoes and leg covering, may outlive hookworm disease in ten or fifteen years, for the worms die from old age in this time and do not multiply in the intestines.

A person sick with hookworm disease may have several thousand of these worms clinging to the intestines. They suck blood and more is lost by oozing from the wound. The presence of the worms may cause anaemia as well as inflammation and catarrh of the bowels, and hinder digestion. Hookworms injure the health of children far more than that of grown people.

Hookworm disease in a person heavily infected may often be told at sight by anyone familiar with it. The sufferer looks more or less bloodless; the skin is white and tallow-like, or may be tan colored; the gums are pale; the body is thin and starved; the ribs show clearly; the shoulder blades stand out as "angel wings"; the abdomen is big and is spoken of as "pot belly"; sometimes the face, body, and legs are badly swollen; the hair may be dry and brittle; the growth of children is so stunted that an infected child of fourteen may appear not over ten; the appetite is unnatural, being often perverted so that unusual foods are craved, and even dirt, clay, plaster, and like things may be eaten; there is pain on pressure at the pit of the stomach; the body tires easily breathlessness quickly follows exertion; headaches, dizziness weariness, sleeplessness, or sleepiness result.

MILD CASES. These are much more common. The great majority of people, though often infected do not show the symptoms just described. Children will appear slightly below normal without showing any definite signs of illness. They are small for their age somewhat pale or yellow-looking, and if in school are apt to be behind in their studies. Grown people lightly infected are apt to feel lazy and tired. Light cases can only be told by having the stool examined with a microscope for hookworm eggs. People living in regions where hookworm disease is found should have themselves examined even if they do not seem to feel any signs of the disease. They may be spreaders of the disease.

BUREAU OF CHILD WELFARE (Continued)

Hookworm disease by itself may cause death. Very frequently it causes long suffering by weakening the body and inviting disease and death from dangerous germs such as tuberculosis, typhoid fever, and pneumonia. Wounds and ulcers heal slowly. Soldiers in the National Army with hookworm disease proved more susceptible to many other diseases.

Treatment should be taken under the direction of a physician. If there is no doctor convenient apply to your State Board of Health.

By wearing shoes much infection can be prevented, even if the ground is polluted. More important is keeping the ground clean. This can only be done by building clean privies. The clean privy is a water-tight, fly-proof receptacle. The contents of the receptacle must be carefully disposed of so that none of the night soil containing hookworm eggs may get back on the ground. Such disposition may be by: (a) carefully depositing the night soil in a deep pit and covering it with earth; (b) treating the night soil with chemicals, that is germicides; (c) burning it."

Hookworm disease is quite prevalent in this State especially in the rural districts. Where open privies are used, insanitary conditions are common.

This disease can be entirely eliminated if proper attention is paid to the sanitary arrangements of the home, and soil pollution prevented.

The Bureau of Child Welfare has a limited supply of Thymol which it will supply to those who are indigent. The administration of this drug must be supervised by a local physician and those applying for this treatment should give the name of their family doctor.

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* Rockefeller Foundation Publication.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor.

Nothing snappy in the activities of the Auditing Department for May, 1922. Figures, just figures, and then some.

An everlasting struggle to keep a balance and not exceed the income. A number 8 foot will not fit comfortably into a number 6 shoe. The annual budget has been reduced from $130,000.00 to $116,000.00. O tempora! O mores!

Wish those who send letters or packages to the State Board of Health would be more careful and see that such mail matter is fully prepaid with the proper amount of postage and thus cut down our "Postage Due" account. Please do this. Every little helps us to pull through on our income.

Am pleased to announce that the notice in April, 1922, Health Notes in regard to payments for antirabic treatments has had the desired effect, and those physicians who have not complied are in a very conspicuous minority.

At this writing it is impossible to state accurately the amount of the disbursements for May 1922, but the total will approximate $10,000.00. The receipts for the same month have not been announced. The May 1922 financial statement will therefore not be made until the June issue of Health Notes.

HERE AND THERE

The Bureau of Communicable Disease and Health Units of the State Board of Health began a series of Schick test clinics to determine the susceptibility of the school children of Florida to diphtheria during the month of May. It is expected that the children in all schools of the State will eventually be tested.

Intensive rural sanitation programmes have been continued and pushed at Waldo and Pablo Beach; both places show a vast improvement over the preceding month especially as regards privy construction.

Sewerage development at Eastport was planned and work started under the supervision of the Bureau of Sanitary Engineering during the month of May.

Although with a limited personnel, the Bureau of Sanitary Engineering of the State Board of Health visited twenty-six towns during May, investigating in and around Tampa and Jacksonville alone thirty nuisances.

Notwithstanding the fact the State Board of Health Clinic for the treatment of inoperable cancer, under direction of Doctor Gerry R. Holden, has been enlarged to include both male and female cases, and cases that may be benefited by electricity and X ray as well as radium, only eight applied for treatment last month. Application blanks for treatment together with instructions may be obtained from the office of the State Health Officer in Jacksonville.

During May a very successful preschool clinic was held in Arcadia by the Bureau of Child Welfare. 257 children were examined and 228 defects were found. Arrangements have also been completed by this Bureau for summer work in Escambia County. The programme outlined contemplates preschool clinics in eight towns and an intensive hookworm survey in which all indigent cases will be treated.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

BIRTH REGISTRATION

A request was recently received for a certified copy of a birth certificate, the birth occurring in April, 1902, at Gainesville, Florida. The certificate was for a sailor who was under age and his sister being very anxious to secure his release, was confronted with the task of locating authentic evidence as to the correct date of her brother's birth.

This Bureau was advised that no record was kept in Gainesville as far back as 1902. The records as far back as 1902 are few and far between, but fortunately for this young man, the original birth certificate was put on file shortly after his birth, and has been carefully safe-guarded among the permanent records of the State Board of Health. A certified copy of this birth certificate was sent, registered mail, as requested, and gladdened the heart of a loving sister.

If the physicians and parents could only realize the importance of these records and do their part towards complete registration of all births that occur, it would gladden the hearts of many Florida boys and girls.

TAMPA PHYSICIAN PAYS FINE

On May 10, Doctor J. R. Harris, City Health Officer, had Doctor Ham S. Hampton taken to Police Court for failure to report communicable diseases. Doctor Hampton was found guilty and fined.

DO YOUR PART and avoid embarrassing the Health Officer, who is trying to do his duty.

COMMUNITY DESIRING PHYSICIAN

Any physician, wishing to locate in Florida or desiring a change, please write the Editor at once. A town of 360 inhabitants now without a physician would like to have one locate there.

BUREAU OF VITAL STATISTICS (Continued)

"No health department, State or local, can efficiently prevent or control disease without knowledge of when, where and under what conditions cases are occurring."

MORBIDITY

Notification of 1612 Cases of Sickness has been received during May as compared with 1153 for the same month last year.

Diseases	Total Cases	By Weeks May 1922				Weekly average for May 1921	
		1st.	2nd.	3rd.	4th.		
Cancer	49	24	23	1	1	0	A
Chancroid	13	1	4	4	4	5	
Chicken Pox	10	1	1	3	5	6	
Dengue	4	–	–	–	4	–	
Diphtheria	61	18	25	10	8	5	
Dysentery	28	11	2	12	3	0	A
German Measles	1	1	–	–	–	–	
Gonococcus	142	28	53	34	27	29	
Hookworm	536	20	18	66	432	15	
Influenza	96	27	35	22	12	0	A
Leprosy	1	–	–	1	–	--	
Malaria	73	18	22	12	21	17	
Measles	17	5	6	5	1	26	
Mumps	1	1	–	–	–	5	
Pellagra	11	3	8	–	–	1	B
Pneumonia	99	46	49	4	–	1	B
Poliomyelitis (A)	2	2	–	–	–	–	
Scarlet Fever	4	1	1	1	1	0	A
Small Pox	32	4	20	4	4	45	
Syphilis	172	56	39	45	32	62	
Tetanus	5	3	2	–	–	0	A
Tuberculosis	165	66	58	9	32	34	
Typhoid Fever	63	18	17	9	19	14	
Whooping Cough	27	6	15	1	5	15	

A - Less than one.
B - More than one but less than two.

BUREAU OF VITAL STATISTICS (Continued)
Reported cases of the following diseases for May 1922.

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Tuberculosis	Hookworm	Syphilis	Gonorrhoea
STATE	63	73	32	61	165	536	172	142
Alachua	–	–	5	–	6	11	4	–
Baker	–	–	–	–	1	–	–	–
Bay	–	–	–	2	–	–	1	–
Bradford	3	–	–	-	1	–	–	–
Brevard	–	–	–	3	1	2	–	–
Broward	–	–	–	–	2	1	–	–
Calhoun	–	1	1	–	–	–	–	–
Charlotte	–	–	–	–	–	–	–	–
Citrus	1	3	1	–	1	–	–	–
Clay	–	–	–	–	1	–	–	–
Columbia	–	–	–	2	2	–	–	–
Dade	2	–	2	2	4	–	3	1
DeSoto	–	–	–	–	1	–	–	–
Dixie	–	–	–	–	–	–	–	–
Duval	7	17	2	5	14	–	100	106
Escambia	7	1	–	1	3	67	2	3
Flagler	–	–	–	–	–	–	–	–
Franklin	–	–	–	–	3	1	–	–
Gadsden	2	2	1	–	20	8	10	7
Glades	–	–	–	–	–	–	–	–
Hamilton	–	–	–	–	1	–	1	–
Hardee	1	–	–	-	–	–	–	–
Hernando	–	–	–	–	2	–	–	–
Highlands	–	–	6	–	–	–	–	–
Hillsboro	14	25	–	13	18	7	28	11
Holmes	–	2	–	–	–	–	–	1
Jackson	–	7	–	–	2	411	–	–
Jefferson	–	–	–	–	1	–	–	--
Lafayette	1	–	–	–	1	–	–	–
Lake	–	–	–	1	3	–	–	1
Lee	1	2	–	–	–	–	–	–
Leon	–	3	1	–	1	3	–	–
Levy	–	–	–	–	1	–	–	–
Liberty	–	–	–	–	–	–	–	–
Madison	–	1	–	–	2	–	–	–

BUREAU OF VITAL STATISTICS (Continued)
Reported cases of the following diseases for May 1922.

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Tuberculosis	Hookworm	Syphilis	Gonorrhoea
Manatee	2	-	-	3	10	2	-	1
Marion	2	-	3	-	3	-	1	1
Monroe	-	-	-	-	3	-	-	-
Nassau	2	-	-	-	-	-	1	-
Okaloosa	-	-	-	-	-	5	-	-
Okeechobee	1	-	-	-	-	-	-	-
Orange	3	-	-	3	4	6	1	-
Osceola	-	-	3	1	2	-	1	-
Palm Beach	-	-	-	-	4	-	-	1
Pasco	2	1	-	-	1	-	-	-
Pinellas	-	-	1	8	13	1	2	-
Polk	4	-	2	4	9	2	1	2
Putnam	1	2	-	-	1	1	1	1
St. Johns	-	2	3	1	2	1	1	4
St. Lucie	-	-	-	-	-	-	-	-
Santa Rosa	-	-	-	-	-	1	-	-
Sarasota	-	-	-	-	1	1	-	-
Seminole	2	2	-	2	9	-	-	1
Sumter	-	-	-	-	2	-	-	-
Suwannee	1	1	1	-	4	1	-	-
Taylor	-	-	-	-	-	-	-	-
Union	2	-	-	-	-	-	14	-
Volusia	2	1	-	9	4	4	-	1
Wakulla	-	-	-	1	-	-	-	-
Walton	-	-	-	-	1	-	-	-
Washington	-	-	-	-	-	-	-	-
Cities (Following figures are included with County Totals)								
Jacksonville	5	17	2	5	10	-	100	104
Tampa	7	17	-	10	11	1	18	6
Miami	2	-	1	2	3	-	3	1
Key West	-	-	-	-	3	-	-	-

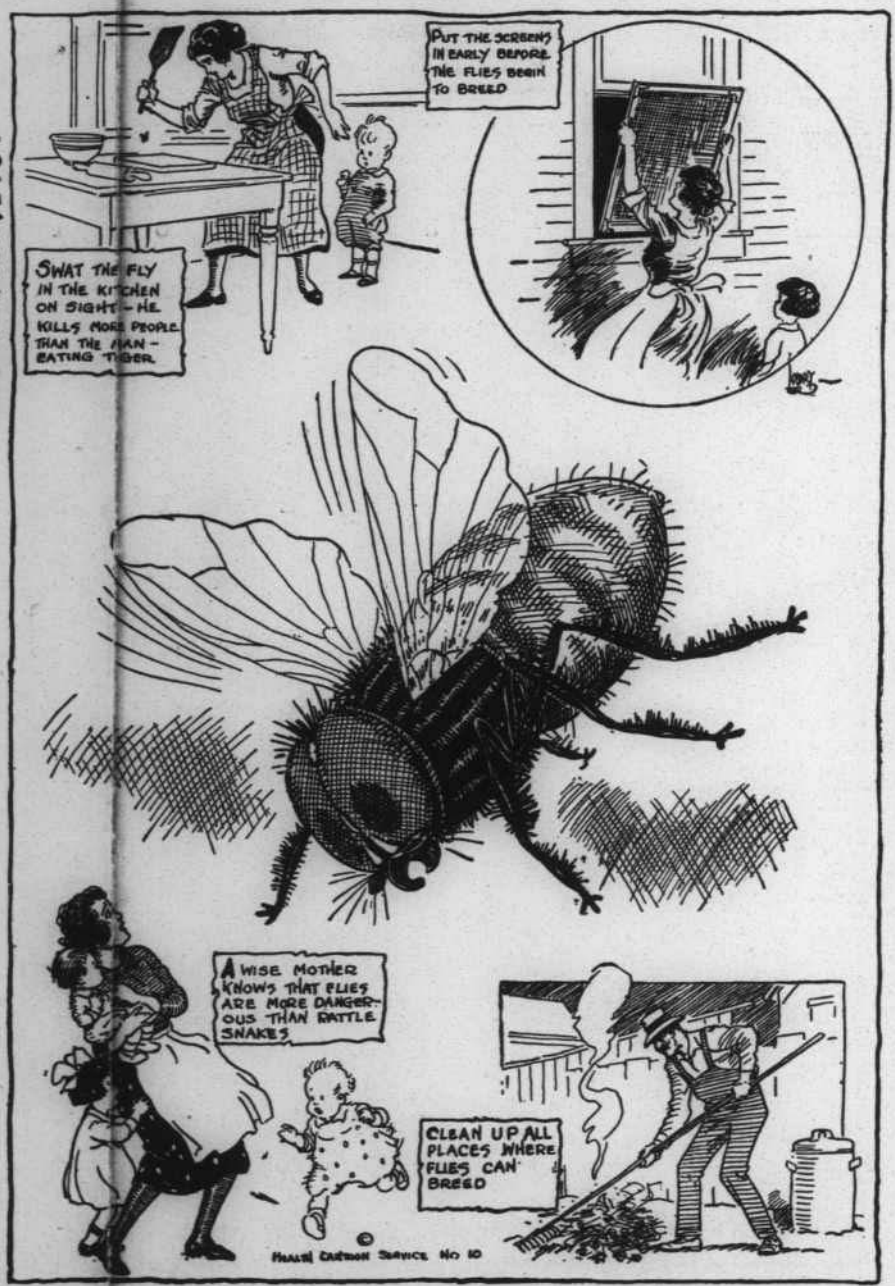
If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

PRINTED BY MULTIGRAPH DEPARTMENT

LIBRARIAN HYGIENIC,
LABORATORY,
25TH. & EAST STREET,
WASHINGTON, D.C.

Florida State Board of Health

This Is Fly Season



Get the Fly or the Fly will get you

LIBRARY
HYGIENIC LABORATORY
WASHINGTON, D. C.

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

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Vol. 14 **JUNE, 1922** **No. 4**

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

CALVIN T. YOUNG, M. D. . . . President, Plant City
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F. CLIFTON MOOR, M. D. . . . . Tallahassee

LIST OF PUBLICATIONS FOR FREE DISTRIBUTION

Hookworm Disease
Tom Hardy (Hookworm)
How Typhoid Fever is Caused
Malaria Catechism
Tuberculosis
#124 House Fly
The Fly
Pellagra
What We Know About Cancer
Smallpox
Mosquitoes and Mosquito Control
Florida Tank privy
Home Sanitation
What The City Should Do
Septic Tank with Plans
Child Care
Infant Care
Prenatal Care
Bottle Feeding
Motherhood
Breast Feeding
Health of the School Child
Malnutrition
The Road to Health
Trachoma
Child Health Programs

SOCIAL HYGIENE
- A. For Young Men
- B. For General Public
- C. For Boys
- D. For Parents
- E. For Girls and Young Women
- F. For Educators

What Citizens think of Prostitution
Fighting Venereal Disease
Instructions re Syphilis
Instructions re Gonorrhea

Weaning the Baby
Prevention of Opthalmia Neonatorı
Advice to Mothers
Diets
School Box Lunches
Diet for child 12 - 18 months
" " " 18 - 24 "
" " " 2 - 3 years
" " " 3 - 6 "
" " " 2 - 6 "
" " " 3 - 5 "
" " " 5 - 7 "
" " " 7 - 12 "

VITAL STATISTICS
- Deaths by Counties
- Deaths by Cities
- Births by Counties
- Births by Cities
- Infant Mortality (Rates)
- Disease Rates (As Specified)

ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer

The first allotment to Florida under the Sheppard-Towner Act has been received. The work of promotion of the welfare and hygiene of maternity and infancy with money provided by this Act will start July 1st under the direction of Doctor William B. Keating, Director of the Bureau of Child Welfare of the State Board of Health.

It is contemplated that four nurses to act as field workers will be employed and assigned to districts into which the State will be divided. The work of these nurses will include instruction in prenatal care, maternal care and postnatal care of the child up to two years.

Information will be disseminated by these nurses to mothers, expectant mothers and midwives. Classes will be held for mothers and expectant mothers for the purpose of instructing them in the proper hygiene of infancy and maternity, demonstrating to them the proper method of handling of the baby, dressing, feeding, etc. Expectant mothers will be advised as to the proper care of themselves, their diet, exercise, bathing, dressing, etc.

Florida, at present, has no systematized method of supervising midwives; the field is open to anyone and everyone regardless of training or experience. Many mothers and babies suffer or die from improper care on the part of ignorant midwives. Midwifery is one of the most important phases of maternity and infancy work and steps will be taken to see that the midwives of the State receive instructions for the proper care of mother and child.

It is estimated that practically one half the work of the Child Welfare Bureau is that of "the promotion of welfare and hygiene of maternity and infancy." Hence, the present annual budget of the Bureau of Child Welfare, or $6,642.56, has been cut in two and one half, or $3,321.28, set aside for this work. This $3,321.28 will be matched by the Government under the Sheppard-Towner Act with a like sum making a total of $6,642.56 which together with the $10,000.00 given outright under the Sheppard-Towner Act makes a budget of $16,642.56 for maternity and infancy work for the fiscal year ending June 30, 1923. It is obvious that much valuable and instructive work is going to be done with the increased budget.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING JUNE, 1922.

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	450	222	80	15	66	833
Diphtheria	89	108	7	39	6	249
Typhoid	231	202	64	25	4	526
Malaria	353	233	52	21	29	688
Rabies	18	6	2			26
Tuberculosis	211	80	21	24	6	342
Gonorrhoea	152	73	20	37	2	284
Syphilis	1136	408				1544
Water: Bact. Ex.		26	3	37		66
" NaCl Cont.				7		7
Milk: Bact.	19	19	3	99	12	152
Chem.	19	19	2	40	8	88
Miscellaneous	15	20	26	1	1	63
	2693	1416	280	345	134	4868

Specimen Containers distributed 2115

BIOLOGICAL PRODUCTS SENT OUT DURING JUNE, 1922.

Diphtheria Antitoxin:
10,000 units 36
5,000 " 31

Schick Test 10's 12

Toxin Antitoxin 1's 2
10's 4

Tetanus Antitoxin 5,000 units 38
1,500 " 109

Typho Bacterin ..... 1262 Packages

Vaccine Virus ..... 1390 Points

Anti Rabic Virus ..... 22 Treatments

BUREAU OF COMMUNICABLE DISEASE
George A. Dame, M. D., Director

4. TREATMENT: For the control of communicable disease it is, under some circumstances, necessary for the State Board of Health to offer free treatment. Each case of communicable disease is a focus for the possible spread of such disease to other members of the family or community.

Whenever possible such cases should be treated by practicing physicians. In many instances patients or their families are not financially able to pay for such services. It can thus be readily understood that in order to prevent the spread of infection from these indigent cases it becomes necessary for the State through its agent, the State Board of Health, to effect a cure or to render such cases non-infectious.

Following out this theory the State Board of Health has from time to time offered treatment to malaria carriers, hookworm carriers, those infected with trachoma and those infected with a venereal disease.

We are constantly having calls to send an officer to investigate smallpox.

When an officer is detailed to make such a visit his duties are limited to the following:

1. See the patient and make a diagnosis.

2. If found to be smallpox, isolate the patient. People who have simply been exposed but who have not the disease can not be isolated.

3. Placard the house, room, tent or other domicile within which the patient is isolated.

4. Give proper instructions for the care and control of the case.

5. Urge immediate vaccination of all persons who are not otherwise immune. The State Board of Health can not compel vaccination. Vaccine is furnished free.

BUREAU OF COMMUNICABLE DISEASE (Continued)
Division of Venereal Disease.

In reference to the treatment of venereal disease a letter was received a few days ago from a prominent physician of the State from which I quote: "Now I am treating quite a number of venereal patients; some pay small or merely nominal fees and just as many are unable to pay anything. I provide my own drugs ***. One cannot be so inhuman as to turn them away because of their poverty."

The great majority of the doctors of the State, many of them overworked and underpaid, are continually carrying a burden of this kind which in nearly every instance is unknown to the community. The writer of this article knows. He practiced in a small town for thirteen years.

Nearly any general practitioner will admit that he is constantly carrying from six to a dozen or more of the indigent cases referred to in the above quotation.

To handle just such cases and to prevent them from constituting a constant menace to the health and welfare of the State the venereal clinics of this Bureau have been established and have thus far been maintained. But the supply of drugs donated by the United States Public Health Service is running very low.

There are constantly under treatment in these clinics about twenty-five hundred cases per month. Not all new cases but many of them left over from month to month. Ages running all the way from babies to grandfathers and grandmothers.

We must Americanize and civilize, but while we are at this work let us remember that there are industrial plants in this State where more than fifty percent of the employees are already "syphilized."

Nothing in this article is intended to arouse a maudlin sympathy or an unnecessary fear but simply to appeal to the good citizenship and good business sense of the people of the State.

* * * * * *

This Bureau has for free distribution a number of instructive pamphlets on social hygiene. In requesting literature, state whether it is for boys or girls or men or women, or for the general public.

BUREAU OF CHILD WELFARE

W. B. Keating, M. D., Director

HELPING THE MALNOURISHED CHILD

The State Home Demonstration Department, under the direction of Miss Sarah Partridge, is rendering valuable assistance to this Bureau in its work for the betterment of the health of the children. Physical examination of the school children having revealed the fact that a large percentage of them were under weight from various causes, and showed symptoms of malnutrition, it was decided that an effort be made to correct this condition as far as possible.

After a conference with Miss Partridge, a nutrition specialist was engaged by her department to supervise the work and to direct the formation of nutrition classes in the various counties where there were Home Demonstration Agents.

The work was started in Gadsden County under the direction of Miss Gladys Smith, Nutrition Specialist. The procedure is as follows:

All the school children are weighed and measured by Miss Smith and the local Agent, assisted by members of the Women's Club.

All those found to be 7% or more under weight are given a thorough physical examination by the Director of this Bureau or one of the District Health Officers, and a record made of the examination.

The cooperation of parents is secured for the correction of defects found, which may be affecting the child's nutrition.

Of the principal defects found which affect the nutrition of the child, defective teeth ranks first, hookworm disease, second, and tonsils and adenoids , third.

Laboratory tests for hookworms are made of all the children whether they show symptoms of the disease or not.

Free treatment for hookworm disease, under the supervision of a local physician, is provided by this Bureau for those who are financially unable to pay for it.

BUREAU OF CHILD WELFARE (Continued)

Classes of twenty are formed which meet once a week and are instructed in dietetics. The necessity of the proper kind and variety of food is stressed, also sleep, rest periods, etc.

Mothers attend these clinics with the children and are instructed in elementary nutrition.

The volunteer assistance of a group of women is secured and they are given a series of lectures on nutrition by Miss Smith.

The members of this group are termed "Local Leaders". They see that the children are weighed at least once a month and keep an accurate chart of their gain or loss in weight.

The assistance of these women has proved very valuable in securing the correction of defects in the indigent.

The work in each county is under the direction of the local Home Demonstration Agent.

This work is now being carried on in twelve counties. After the opening of the next school term it will be extended to cover all counties in which Home Demonstration Agents are employed.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

Monthly Financial Statement

Balance from last statement	$39,511.99
May 1922, Receipts	22,817.19
	62,329.18
May 1922, Disbursements	9,251.41
Balance	$53,077.77

Receipts 1922		Disbursements 1922	
January	5,117.04		13,730.39
February	4,422.52		11,508.76
March	8,250.07		10,616.57
April	21,131.63		10,970.41
May	22,817.19		9,251.41
Balance from 1921	47,416.86	Balance June 1st, 1922.	53,077.77
	$109,155.31		$109,155.31

June 1922, Receipts and Disbursements have not yet been reported.

HERE AND THERE

The Bureau of Sanitary Engineering made twenty-one official visits to cities from which requests for assistance had been received for engineering advice pertaining to sewerage, sewage disposal or water supply. Sanitary inspections were made in thirty-five cities exclusive of Tampa and Jacksonville.

The Bureau of Child Welfare has recently received the first allotment of the funds apportioned this State under the Sheppard-Towner Act. The work of maternal and infant care which this fund provides for will start early in July.

Considerable mosquito control work under the direction of Chief Sanitary Engineer George W. Simons, Jr., is being done all over the State. West Palm Beach and South Jacksonville are the latest to start intensive campaigns against this persistent pest. Propaganda and material has been prepared and shipped to all others cities doing mosquito work, namely, Miami, Vero, Fort Pierce, Melbourne, New Smyrna, and St. Petersburg. Complete house to house sanitary surveys were made by a representative of the Bureau of Engineering at Hastings and South Jacksonville.

The Division of Venereal Diseases of the United States Public Health Service has arranged with several prominent syphilographers and genito-urinary surgeons whereby the advice and counsel of these authorities is to be made available to general practitioners. The plan is referred to as "Consultation by Correspondence". The method of utilizing this service is for private practitioners who have under their care any cases of venereal infection which they wish to describe to a specialist and ask for advice in regard to treatment or to the method of procedure in handling the case, to send to the State Board of Health a letter setting forth all of the data which they wish brought to the attention of the proper specialists. These letters will be forwarded to the Public Health Service who in turn will secure an answer to the communication from the best known specialist on the particular phase of the subject discussed in the communication from the private practitioner. It is believed that this sort of correspondence between private physicians and well known specialists will be of material benefit in many cases. This service is, of course, entirely free of charge.

BUREAU OF ENGINEERING

George W. Simons, Jr., S. B., Chief Engineer

THE SANITARY PRIVY

No piece of sanitary work can be productive of more beneficial and lasting results than the extensive installation and use of sanitary privies. The health barometer - vital statistics - shows that those communities which properly care for their human wastes are more free of the intestinal infections, such as typhoid fever. The open filthy privy and dirty fly work hand in hand in their attempt to ruin the people. EVERY COMMUNITY REGARDLESS OF ITS SIZE, WHETHER INCORPORATED OR UNINCORPORATED OWES IT TO COMMON DECENCY AND THE PERPETUATION OF THE PUBLIC'S HEALTH TO IMPROVE PRIVY CONDITIONS. CITY COUNCILS OR COMMISSIONS INDIFFERENT TO ENCOURAGE PRIVY CAMPAIGNS ARE REMISS IN THEIR DUTIES AND BY THEIR INDIFFERENCE ARE DIRECTLY AIDING AND ABETTING THE AGENTS OF DISEASE.

During the past few months there have been some notable privy campaigns conducted by Florida municipalities, under the supervision of the State Board of Health. Campaigns have been put on at PLANT CITY, CLEARWATER, WALDO, PERRY, OLDSMAR, LAKELAND, PABLO BEACH and HASTINGS. In all about 1200 privies have already been constructed and much good work is still in progress.

An approved type of sanitary privy costs about $22.00-just stop and think a minute - twenty-two dollars! That is much cheaper than typhoid fever or a death - how about it? Would you, Mr. Property Holder, be willing to part with $22.00 to escape the ravages of typhoid fever?

A PIT PRIVY constructed as advised by the State Board of Health is one of the most economical, satisfactory and fool proof privy types yet adopted for use anywhere. Today the southern states, generally speaking, are returning to the pit privy after trials with various types of privies. Alabama, Mississippi, Georgia, North Carolina and South Carolina are now using the pits extensively - and in Florida experience has taught us that it is a serviceable device.

BUREAU OF VITAL STATISTICS
Steward G. Thompson, D. P. H., Director

TABLE NO. 9. Deaths of Children under One Year and Infant Mortality Rates by Color, and by Counties, for the Calendar Year 1921.

Counties	Deaths under 1 year	Rate per 1000 Births	White Deaths under 1 year	Rate per 1000 Births	Col. Deaths under 1 year	Rate per 1000 Births
STATE	1,770	80	1,001	66	769	112
Alachua	31	51	17	45	14	62
Baker	14	79	9	59	5	200
Bay	25	82	20	85	5	73
Bradford	28	92	26	101	2	44
Brevard	15	101	8	73	7	180
Broward	11	80	2	24	9	170
Calhoun	12	82	6	61	6	128
Citrus	5	43	3	38	2	54
Clay	7	65	6	88	1	26
Columbia	17	76	9	64	8	98
Dade	156	114	57	78	99	157
DeSoto	30	46	23	39	7	106
Duval	220	85	104	65	116	118
Escambia	100	89	67	78	33	125
Flagler	3	111	2	100	1	143
Franklin	8	71	5	74	3	67
Gadsden	44	84	19	83	25	84
Hamilton	17	85	10	79	7	96
Hernando	6	79	4	77	2	83
Hillsboro	163	75	130	71	33	101
Holmes	22	70	20	68	2	100
Jackson	40	69	19	57	21	101
Jefferson	34	74	2	18	32	92
Lafayette	9	63	8	62	1	72
Lake	10	40	7	38	3	45
Lee	11	56	11	64	–	–
Leon	46	111	6	59	40	128
Levy	13	68	7	51	6	109
Liberty	11	79	5	62	6	100
Madison	45	113	14	71	31	155

INTENTIONAL SECOND EXPOSURE

BUREAU OF ENGINEERING (Continued)

Pit privies properly and carefully constructed as specified by the State Board of Health, and operated efficiently as directed, WILL SERVE EFFECTIVELY FOR A LONG TIME WITH A MINIMUM OF ATTENTION. Most of the troubles and nuisances ordinarily developing around pit privies are DUE TO POOR CONSTRUCTION OR PERSONAL CARELESSNESS IN OPERATION, BY THE HOUSEHOLDER. Pit privies built TWO YEARS AGO ARE STILL RENDERING A GOOD SERVICE. The householder must remember that a PRIVY IS A MACHINE - IT NEEDS CARE AND ATTENTION -- ABUSE IS DETRIMENTAL TO IT - A PRIVY WAS NOT INTENDED AS A RECEPTACLE FOR OLD SHOES, CLOTHES, CANS AND GARBAGE. REMEMBER THAT.



The accompanying photograph shows a pit privy type being constructed at PLANT CITY. The pit compartment extends about three feet into the ground; the walls of the pit compartment are of brick, plastered inside and outside with mortar. The bottom of the pit is OPEN TO THE GROUND. The walls of the pit extend up to the seat cover, and as noted the pit compartment is absolutely fly-proof. Another notable feature of this privy type; it is not necessary to build a new building - use can be made of the old existing delapidated structure. The IMPORTANT PART OF THIS PRIVY IS FLY TIGHT AND PROTECTED AS SOON AS THE PIT COMPARTMENT IS SEALED. The Bureau of Engineering will gladly assist any Florida town in its endeavor to sanitate privies - plans, ordinances and campaign directions will be supplied upon receipt of request.

REMEMBER FLIES AND OPEN PRIVIES ARE YOUR ENEMIES;
YOU OWE IT TO YOURSELF AND YOUR FAMILY TO FIGHT
AWAY THESE AGENTS OF DISEASE.

BUREAU OF VITAL STATISTICS (Continued)

TABLE NO. 9. Deaths of Children under One Year and Infant Mortality Rates by Color, and by Counties, for the Calendar Year 1921. (Continued)

Counties	Deaths under 1 year	Rate per 1000 Births	White Deaths under 1 year	Rate per 1000 Births	Col. Deaths under 1 year	Rate per 1000 Births
Manatee	22	58	10	36	12	119
Marion	54	107	18	80	36	130
Monroe	45	89	31	82	14	109
Nassau	14	74	5	47	9	110
Okaloosa	24	99	19	90	5	156
Okeechobee	2	35	2	47	–	–
Orange	35	75	31	85	4	39
Osceola	5	37	5	45	–	–
Palm Beach	32	88	24	97	8	71
Pasco	8	47	5	37	3	86
Pinellas	42	92	18	47	24	348
Polk	63	58	43	48	20	102
Putnam	33	84	15	72	18	98
St. Johns	24	92	15	86	9	103
St. Lucie	16	73	12	74	4	72
Santa Rosa	19	63	15	64	4	57
Seminole	37	140	17	120	20	164
Sumter	16	120	8	75	8	296
Suwannee	37	98	18	74	19	143
Taylor	16	104	11	84	5	217
Volusia	31	73	18	60	13	107
Wakulla	8	66	7	93	1	23
Walton	22	59	20	66	2	28
Washington	12	37	8	30	4	68

BUREAU OF VITAL STATISTICS (Continued)

MORBIDITY

Notification of 1205 Cases of Sickness has been received during June as compared with 1016 for the same month last year.

Diseases	Total Cases	By Weeks June 1922					Weekly average for June 1921	
		1st.	2nd.	3rd.	4th.	5th.		
STATE	1,205	186	148	223	212	436	203	
Cancer	35	0	1	2	0	32	0	A
Chancroid	16	6	2	5	2	1	4	
Chicken Pox	4	1	0	0	1	2	3	
Dengue	71	0	1	0	6	64	0	
Diphtheria	35	7	6	6	7	9	8	
Dysentery	11	2	1	0	3	5	3	
Epi. Meningitis	1	1	0	0	0	0	0	
German Measles	1	0	1	0	0	0	0	
Gonococcus	136	23	30	46	18	19	25	
Hookworm	130	23	7	39	30	31	9	
Influenza	161	17	22	11	54	57	0	A
Malaria	113	27	17	20	18	31	16	
Measles	10	2	1	0	2	5	13	
Mumps	1	0	0	1	0	0	3	
Paratyphoid	3	1	0	0	2	0	1	B
Pellagra	12	4	0	0	0	8	2	
Pneumonia	53	1	1	4	4	43	1	B
Poliomyelitis(A)	1	0	0	0	0	1	0	
Scarlet Fever	14	0	0	1	7	6	0	A
Small Pox	31	5	5	3	5	13	35	
Syphilis	143	39	17	50	20	17	47	
Tetanus	6	2	0	1	1	2	0	
Trachoma	1	0	0	1	0	0	0	
Tuberculosis	127	15	19	23	15	55	19	
Typhoid Fever	81	10	15	8	16	32	14	
Whooping Cough	8	0	2	2	1	2	9	

A - Less than one.
B - More than one but less than two.

BUREAU OF VITAL STATISTICS (Continued)
Reported Cases of the following diseases for June 1922.

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Influenza	Hookworm	Syphilis	Gonorrhoea
STATE	81	113	31	35	161	130	143	136
Alachua	2	1	1	2	1	-	1	-
Baker	1	-	-	-	-	-	-	-
Bay	-	-	-	-	2	5	-	-
Bradford	-	-	-	-	1	-	1	1
Brevard	-	-	-	2	1	-	1	1
Broward	-	-	-	-	-	-	1	-
Calhoun	-	-	1	-	-	-	-	-
Charlotte	-	-	-	-	-	-	-	-
Citrus	-	-	-	-	-	-	-	-
Clay	1	-	-	-	-	-	-	-
Columbia	-	7	-	-	2	1	-	-
Dade	1	-	-	1	5	1	8	12
DeSoto	2	-	-	1	-	-	-	-
Dixie	-	-	-	-	-	-	-	-
Duval	4	20	9	2	1	9	81	61
Escambia	8	-	-	2	-	8	2	5
Flagler	-	-	-	-	2	-	-	-
Franklin	-	-	-	-	-	-	-	-
Gadsden	1	4	2	-	3	2	1	1
Glades	-	-	-	-	-	-	-	-
Hamilton	-	-	-	-	-	-	-	-
Hardee	3	-	2	1	13	1	-	-
Hernando	-	4	-	-	-	-	-	-
Highlands	-	-	-	-	-	-	-	-
Hillsboro	13	41	-	7	21	2	26	36
Holmes	-	-	-	-	-	-	-	-
Jackson	-	1	-	-	7	-	-	-
Jefferson	-	1	-	-	-	1	-	-
Lafayette	1	-	-	-	-	-	-	-
Lake	-	-	4	-	-	-	-	-
Lee	2	-	-	1	-	-	-	-
Leon	2	5	-	-	1	22	-	2
Levy	1	3	-	-	-	2	-	3
Liberty	1	-	-	-	-	-	-	-
Madison	-	-	-	-	-	-	-	-

BUREAU OF VITAL STATISTICS (Continued)
Reported Cases of the following diseases for June 1922.

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Influenza	Hookworm	Syphilis	Gonorrhoea
Manatee	4	–	–	1	–	1	2	–
Marion	4	12	–	–	68	1	1	–
Monroe	1	1	–	–	–	–	–	–
Nassau	–	1	–	–	–	1	–	–
Okaloosa	1	–	–	–	–	16	–	–
Okeechobee	–	–	–	–	–	1	–	–
Orange	–	1	–	2	7	–	–	–
Osceola	1	–	2	–	–	–	–	1
Palm Beach	1	–	–	2	–	–	–	–
Pasco	2	–	4	1	17	3	1	–
Pinellas	2	–	1	4	–	1	1	–
Polk	2	2	–	6	8	10	–	2
Putnam	–	1	–	–	1	2	2	2
St. Johns	–	4	2	–	1	–	1	–
St. Lucie	–	3	–	–	–	–	8	1
Santa Rosa	–	–	–	–	–	16	–	–
Sarasota	3	–	–	–	–	–	–	–
Seminole	5	–	–	–	–	–	–	–
Sumter	–	–	2	–	–	–	–	1
Suwannee	3	1	–	–	6	1	1	–
Taylor	–	–	–	–	–	–	–	–
Union	–	–	–	–	–	–	–	–
Volusia	5	–	–	–	–	8	–	7
Wakulla	–	–	–	–	–	–	–	–
Walton	3	–	–	–	–	–	4	–
Washington	1	1	–	–	–	8	–	–
Cities (Following figures are included with County Totals)								
Jacksonville	2	18	9	1	1	2	80	61
Tampa	7	37	–	5	15	–	21	24
Miami	1	–	–	1	4	1	7	12
Key West	1	–	1	–	–	–	–	–

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

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LIBRARIAN HYGIENIC,
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Florida State Board of Health

It Pays to Keep Fit



All Work and No Play is a Poor Motto for a Business Man

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HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

HEALTH NOTES

OFFICIAL BULLETIN

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Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

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LIST OF PUBLICATIONS FOR FREE DISTRIBUTION

Hookworm Disease
Tom Hardy (Hookworm)
How Typhoid Fever is Caused
Malaria Catechism
Tuberculosis
#124 House Fly
The Fly
Pellagra
Measles
Scarlet Fever
What We Know About Cancer
Smallpox
Mosquitoes and Mosquito Control
Florida Tank Privy
Home Sanitation
What The City Should Do
Septic Tank with Plans
Child Care
Infant Care
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Bottle Feeding
Motherhood
Breast Feeding
Health of the School Child
Malnutrition
The Road to Health
Trachoma
Child Health Programs

SOCIAL HYGIENE
- A. For Young Men
- B. For General Public
- C. For Boys
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- E. For Girls and Young Women
- F. For Educators

What Citizens think of Prostitution
Fighting Venereal Disease
Instruction re Syphilis
Instructions re Gonorrhoea

Weaning the Baby
Prevention of Opthalmia Neonatorum
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VITAL STATISTICS
- Deaths by Counties
- Deaths by Cities
- Births by Counties
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- Infant Mortality (Rates)
- Disease Rates (As Specified)

ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer

DENGUE FEVER

This disease, known also as breakbone fever and dandy fever, usually occurs in tropical and subtropical countries but at rare intervals visits portions of Florida and other southern states. In view of the fact that there are at present quite a number of cases of dengue fever in Florida, it is deemed proper to mention a few points in the etiology, diagnosis and control of the disease.

DEFINITION. Dengue is an acute infectious, febrile disease. It is characterized by fever, frequently by two paroxysms with an intermission, pains in the joints and tendons, muscular soreness, and frequently accompanied by a skin eruption. The disease is self-limited and is rarely fatal.

INFECTIOUS AGENT. The infectious agent is not known. Probably similar to the leptospira icteroides, the spirochete causing yellow fever, and discovered by Noguchi.

SOURCE OF INFECTION. The source of infection is the blood of persons infected with dengue.

MODE OF TRANSMISSION. Through the bite of an infected mosquito, may be either culex fatigans or aedes aegaypti (stegomyia fasciata) but probably more often through the former.

INCUBATION PERIOD. Probably from two to seven days, although longer and shorter periods are reported.

PERIOD OF COMMUNICABILITY. Probably during the febrile stage (Park).

DIAGNOSIS. Dengue may be confused with influenza, malaria or yellow fever.

From influenza: Catarrhal symptoms are usually prominent in influenza and are usually absent in dengue fever. The pains of influenza are less definite and less severe than in dengue.

From yellow fever: Both are epidemic tropical diseases with alterations of the color of the skin. However, the icteric discoloration of the skin in yellow fever does not closely resemble the early erythema nor the late

ADMINISTRATION (Continued)

eruption of dengue. The characteristic slow pulse (relative to temperature) noted in yellow fever, is not ordinarily observed in cases of dengue. Albuminuria is common in yellow fever and rare in dengue. Joint pains and inflammation are unusual in yellow fever but constant in dengue. In yellow fever black vomit is usually present and absent in dengue. In dengue fever there is usually present a distinct remission or intermission of fever which is absent in yellow fever. In dengue fever there is usually a low leucocyte count which is high in yellow fever. In dengue fever the temperature and pulse are fairly coordinated which is not true in yellow fever. A further point of diagnosis is that the Aedes Aegaypti will indicate yellow fever and the presence of Culex fatigans will indicate dengue.

From malaria: Eruption often present in dengue, absent in malaria. Chill frequent in malaria, seldom in dengue. More pronounced and usually a more prolonged series of remissions or intermissions in malaria than in dengue. Presence of malarial plasmodium demonstrated by microscope.

METHODS OF CONTROL.

1. Recognition of the disease by the clinical symptoms.
2. Isolation of the patient in a screened room and under a mosquito bar.
3. Immunization - none.
4. Quarantine - none.
5. Concurrent disinfection - none.
6. Terminal disinfection - none. Upon the termination of the disease, fumigation of the room and house, to destroy mosquitoes.
7. The destruction of mosquitoes, mosquito larvae and mosquito breeding places. Mosquitoes and mosquito-borne diseases have destroyed great cities and even nations.

Cities in Florida are not immune to the immutable health law of nature and those that permit the breeding of mosquitoes t pester their inhabitants and to spread malaria, dengue, filariasi and even possibly yellow fever will not only cease to grow bu will actually shrink and eventually die. Florida has several dea towns that reached their present state largely through disease carried by mosquitoes. Can't you name a few?

ADMINISTRATION (Continued)

WHAT CAN YOU DO TOWARD MOSQUITO CONTROL AND ERADICATION ?

1. You can look after your own premises. Quite often each family breeds its own mosquitoes by supplying suitable conditions in the home or yard or in vacant lots nearby. All mosquitoes breed in water. This gives you the keynote of the situation. Let us mention a few of the places that may be a source of trouble: pots, pans, tubs and barrels used for catching rain water to be used for home laundering or similar purposes. Cisterns not tightly screened. Flower pots or vases inside the house that hold a little water. Sagging gutters around the eaves. Stagnant water in manholes in nearby sewers. Tin cans lying hidden in weeds or rubbish. Stagnant pools. Swampy ground. Anything whatever that will hold as much as a few drops of water for a week or more.

2. If you are a resident of an incorporated town or city, use your influence and intelligence in enlisting your neighbors and friends in support of the public health activities of your municipality.

3. As a citizen of Florida, be liberal in your attitude toward our increased appropriation of funds toward the maintenance of your State Board of Health. In fact, let your Senators and Representatives know that you not only appreciate the work that is being done but that you intelligently desire the fullest support of the Board's effort to make Florida first in health.

MOSQUITO CONTROL MEASURES WILL DO MORE TO FAVORABLY ADVERTISE A COMMUNITY THAN ANY OTHER ONE THING THAT CAN BE UNDERTAKEN. IT WILL NOT ONLY PRODUCE FAVORABLE COMMENT BUT WILL MEAN A HEALTHIER, HAPPIER PEOPLE. Kipling has stated a few well chosen words, the crux of the whole program.

"It ain't the guns nor armament, nor funds that they can pay,
But the close cooperation that makes them win the day.
It ain't the individual, nor the army as a whole
But the everlasting teamwork of every bloomin' soul."

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING JULY, 1922.

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal parasites	368	153	42	18	96	677
Diphtheria	135	100	165	58	10	468
Typhoid	239	195	43	14	10	501
Malaria	341	198	42	22	58	661
Rabies	18	6				24
Tuberculosis	190	83	26	18	8	325
Gonorrhoea	151	70	24	24	6	275
Syphilis	1062	237				1299
Water: Bact. Ex.		25	4	30	2	61
" NaCl Content				2		2
Milk: Bact.. Ex.	31	7		40	33	111
Chemical	31	7	1	80		119
Miscellaneous	19	21	2	2	3	47
	2585	1102	349	308	226	4570

BIOLOGICAL PRODUCTS SENT OUT DURING JULY, 1922.

DIPHTHERIA ANTITOXIN:	10,000 units	120
	5,000 "	54
TOXIN ANTITOXIN:	1's	6
	10's	1
TETANUS ANTITOXIN:	5,000 units	23
	1,500 units	184

ANTI MENINGOCOCCUS SERUM ..... 4 Cylinders

VACCINE VIRUS ..... 1370 Points

TYPHO BACTERIN ..... 1240 Packages

ANTI RABIC VIRUS ..... 12 Treatments

BUREAU OF COMMUNICABLE DISEASE

George A. Dame, M. D., Director

MEASLES

Is measles a serious disease?

Yes. There are between one and two million cases every year in the United States. Out of this number more than twelve thousand die each year. More than a hundred thousand of those who do not die suffer from immediate after effects. Many hundreds of thousands suffer in later life as adults from the "simple" disease called measles which many mothers foolishly welcome so that their children "can have them and get through with them."

Is German measles simply a milder form of measles?

No. An attack of one does not render immunity to the other. An attack from either measles, German measles or "the fourth disease" which is very similar to the two just previously mentioned, does not give immunity to either of the other two.

What are some of the conditions usually following after measles?

Bronchitis, pneumonia and sometimes tuberculosis. Sometimes injury to the kidneys, heart, ears, etc.

What do measles amount to in Florida?

The following figures were supplied through the courtesy of Doctor S. G. Thompson, Director of the Bureau of Vital Statistics:

In 1917 there were 170 deaths.
In 1918 there were 136 deaths.
In 1919 there were 43 deaths.
In 1920 there were only 12 deaths.
But in 1921 there were 68 deaths.

Have we headed toward our old high rate or are we going to hold it down and gradually wipe out unnecessary deaths of children from this preventable disease?

Would you like to have more information as to the care of this disease and as to its prevention?

Write a letter to the "Bureau of Communicable Disease, State Board of Health, Jacksonville" and a booklet will be sent to you without cost.

BUREAU OF COMMUNICABLE DISEASE (Continued)
Division of Venereal Disease

The Bureau is continuing its venereal disease control fight with a considerable degree of success. Educational work is bringing about a more widespread knowledge of the menace constituted by these diseases, socially, physically, financially and industrially.

One of the most hopeful signs is that substantial business men and large taxpayers are beginning to count up the costs of venereal disease to the State and are reaching the conclusion that more money appropriated by the State and spent wisely by a strong State Board of Health is one of the primary needs in good government.

There are at present twelve clinics in the State for the free treatment of indigent cases. Some of the clinics give treatment for a graduated fee in cases not indigent, but unable to pay a full fee.

Four of these clinics are conducted by physicians employed by the Standard Lumber Company of which Thomas Hamilton of Live Oak is President. Public health in Florida is fortunate in that while Mr. Hamilton is one of the State's strongest business men, he is at the same time deeply interested in all matters pertaining to the control and eradication of venereal disease.

There were under treatment in the clinics of the State during June, 1,199 cases of syphilis in males, 750 cases of syphilis in females, 493 cases of gonorrhea in males, 510 cases of gonorrhea in females, 136 cases of chancroid in males and 13 cases of chancroid in females, making a total of 3,101 persons under treatment during the month. Not all of the cases were new, but a large percentage of them were left over from the previous month.

* * * * *

We have on hand for free distribution a booklet entitled "How to Fight Venereal Diseases in Your City", giving a program of medical, educational and law enforcement measures. If you are interested in the effort to make Florida a cleaner, better State you should become properly informed on the subject of social diseases. Address your request to BUREAU OF COMMUNICABLE DISEASES, STATE BOARD OF HEALTH, JACKSONVILLE.

BUREAU OF CHILD WELFARE

W. B. Keating, M. D., Director

Summer Care of the Baby

The health of the baby should be most carefully guarded during the hot summer months. All precautions should be taken during this period to protect it from the diarrheal diseases which are the ones that most commonly effect babies at this time of the year. The diet should be very carefully supervised.

Breast milk is the ideal food for babies and every mother should nurse her baby if it is possible to do so. Practically every mother with proper instruction as to the care of her own health will be able to nurse her baby and thus provide him with the food exactly adapted to his needs.

Mothers should have plenty of sleep and eat good food including milk, meat, soups and other animal food which is easily digested. She should endeavor to eat only those foods which agree with her and she should be careful not to eat green fruit or other foods which may upset her digestion.

Weaning the baby is an important point to consider. It is better when possible to wean the baby in the fall, but if the year has not been completed in the summer, it is better to wean it in the spring. Do not wean the baby suddenly; it should be done gradually by replacing one breast feeding at a time with a bottle feeding. Several weeks are required for weaning. It is dangerous to wean a very young baby. It should not be done for the convenience of the mother and should never be done without the advice of a physician.

If it is impossible to nurse the baby, only pure cow's milk should be given. The best milk obtainable should be procured as clean milk does not cause disease. The milk should be pasteurized and kept in a cold place protected from dirt and flies. All articles used in the preparation of milk for the bottle should be sterilized and protected from contamination the same as the milk itself. Bottles and nipples should not be left exposed to contamination by flies.

Care should be taken not to overfeed the baby during the hot weather. See that he has plenty of water. Keep his skin in good condition by frequent bathing.

During the middle of the day when the weather is very hot, all clothing can be removed except the band and diaper.

BUREAU OF CHILD WELFARE (Continued)

To promote comfortable sleep in warm weather the room should be made as cool as possible. Outdoor sleeping is highly desirable for all babies when they can be protected from flies and mosquitoes, sufficiently protected from rain or wind, and protected in case of a sudden drop in temperature. Indoors an electric fan will keep the air in the room in motion and thus relieve the oppression of the heat. An oscillating fan will prevent a continuous direct current of air from blowing on the baby.

Never allow a baby to have a "pacifier". These articles are always dirty and may become the means of infecting the child with some dangerous disease.

He should not be allowed to suck his thumb to keep him quiet; this habit may cause the baby's mouth to be made abnormal and the development of adenoids is more likely to take place when this practice is allowed or "pacifiers" are used.

As long as a baby is healthy, washing the inside of the mouth is unnecessary until teeth appear.

Baths should be given at least once a day and during the summer, three or four tepid sponge baths daily are beneficial.

The amount of clothes or covering should never be enough to cause a baby to perspire.

Rubber or waterproof napkins should never be used; the baby should have his napkins changed as frequently as necessary to keep him dry and clean.

BUREAU OF ENGINEERING

George W. Simons, Jr., S. B. Chief Engineer

THE DIRTY SODA GLASS

How many readers of HEALTH NOTES have ever taken the time while at a soda fountain or drink stand to watch how thoroughly the glasses and other ware are cleaned? Have you ever wondered about the chance element of danger lurking in the poorly cleansed soda glass - has it ever occurred to you that you might be taking a chance when you drink from a glass cleaned only by a hurried, careless dipping in a none too clean water?

It is universal custom in every household to thoroughly wash and dry the dishes and ware after meals; only cleaned dry dishes are tolerated on the table. This washing process most always consists of a SOAP AND HOT WATER washing, a scalding and finally a cloth drying. Some homes may not follow this schedule exactly but generally speaking it represents pretty much the average practice. HOW MANY PEOPLE ACCUSTOMED TO THIS USUAL HOME PROCEDURE WOULD TOLERATE A CHANGE TO THE SLOVENLY, FILTHY METHODS USED AT NINE TENTHS OF THE DRINK STANDS AND FOUNTAINS - THE MERE DIPPING OR RINSING OF THE GLASS OR DISH IN COLD - NONE TOO CLEAN WATER? Can you picture the howl that would arise in every household if the housewife should take the dinner dishes to the kitchen - scrape them off, dip them in cold water and shoot them back to the table for the next meal? How many would stand for it? YET EVERY READER OF THIS HEALTH NOTES IS TOLERATING EXACTLY THIS SAME PROCEDURE AT NINE-TENTHS OF THE DRINK STANDS OF AMERICA TODAY.

Some of the fountain owners are changing their ways willingly, others reluctantly, and are using paper ware which is thrown away after each use; others are washing their glass and silver ware after each use with soapy hot water and drying it - just as in the home - BUT HOW MANY? After you read this article make an inspection at your favorite drink parlor and note the practice THEN RESTRICT YOUR TRADE TO THE FELLOW WHO IS TREATING YOU RIGHT.

Some towns have governing bodies who sanction these dirty methods. Recently in a south Florida city a CITY COMMISSIONER REQUESTED THE JUDGE TO DISMISS A CASE AGAINST A DRUG STORE FOUNTAIN MAN BECAUSE OF UNSANITARY CONDITIONS. THERES A REASON and we wonder how many people of this particular city investigated to find out the reason? This commissioner swore to uphold the laws, yet he would tolerate such a filthy place.

During the early part of July there was a very important meet-

BUREAU OF ENGINEERING (Continued)

ing held in Orlando; the first of its kind in the State - a meeting of municipal and state health workers, sanitary and food inspectors. Representatives from all over Florida were present - it was an excellent meeting. The question of cleaning soda fountain ware was thoroughly discussed and at the conclusion the following resolution was adopted - a procedure which the State Board of Health heartily endorses and recommends to every Florida town for practice. It is a simple method for health protection AND THE FELLOW WHO CANNOT AND WILL NOT OBSERVE SUCH A SIMPLE HEALTH PROTECTIVE MEASURE SHOULD BE EXCLUDED FROM BUSINESS.

"Realizing the importance of adequate and protective cleaning of the glassware used by the public at soda fountains, cold drink stands, ice cream parlors, and other places:

We recommend that glassware of the type alluded to in the foregoing paragraph shall be first washed in hot soapsuds of the temperature of not less than 150 degrees F., and then rinsed in clean hot water and dried and polished with a clean cloth, before any such glassware shall be used in the dispensing or serving of liquid refreshments.

Any exception or exceptions to the foregoing procedure are permissable only on written approval by the local health physician, subject to the approval of the State Board of Health.

We further recommend that dishes and other utensils used in eating, each time before being used in the serving of foods and refreshments, shall be washed and boiled in soapsuds,rinsed,dried and polished with a clean cloth.

The above recommendations were presented by the Sanitarians of the State of Florida, as represented by State Board of Health, State Hotel Commission and municipal health officers."

Mr. and Mrs Average Citizen,should take more interest in these matters of public concern. Dirty wet glasses and dishes are POTENTIAL DISEASE CARRIERS. Mr. and Mrs Citizen can do a world of good in bringing about a change for the better by restricting his or her trade to those firms willing to do their bit. PUBLIC PRESSURE THAT DENTS THE POCKET BOOK IS MORE POTENT THAN ALL OUR LAWS.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

MONTHLY FINANCIAL STATEMENT

Balance from last statement	$53,077.77
June 1922, Receipts	9,245.33
Total	62,323.10
June 1922, Disbursements	9,005.30
Balance	$53,317.80

Balance from 1921	$47,416.86
Total Receipts for first six months 1922	70,983.78
Total	118,400.64
Total Disbursements for first six months 1922	65,082.84
Balance	$53,317.80

Disbursements by departments
for first six months of 1922

Administration	7,336.98
Engineering	6,430.99
Laboratories	12,278.69
West Palm Beach Laboratory	884.10
Child Welfare	5,695.90
Vital Statistics	13,986.40
Multigraph	775.25
Antitoxins (biologics)	6,855.97
Communicable Disease	10,838.56
	$65,082.84

MEMO

Receipts for first six months in 1921	$120,805.16
Disbursements " " " " "	131,936.22

HERE AND THERE

The following appeared in The Health Bulletin published by The North Carolina State Board of Health, March, 1922:

GOVERNOR MORRISON'S AMBITION

"Some people say that I want to be known as the 'Good Roads Governor of North Carolina.' This is not true. My ambition is to be known --at least for a while--in the traditions of North Carolina as the 'Health Governor.' Good roads are very important, and I hope to see ours the finest system of highways to be found in the Republic; but good roads are not of any account to sick or dead folks. It is much more important to have a healthy population."

LET US HOPE THERE WILL BE OTHERS.

The Industrial Programme being conducted by the State Board of Health with the assistance of the United States Public Health Service for the eradication of venereal diseases as applied to industrial efficiency is proving much more satisfactory than anticipated. The Florida East Coast Railroad was the first corporation to take advantage of this opportunity and of the four thousand employees, three thousand and ninety-five have attended the lectures and moving pictures.

The Bureau of Child Welfare with the assistance of representatives of the United States Public Health Service conducted a series of clinics for infants and children of the preschool age in Escambia County recently at which over 1,100 infants, preschool and school children were examined independently of similar welfare work in the schools. Clinics were held in Pensacola, Myrtle Grove, Ferry Pass, Cottage Hill, Muscogee, Figland Park, Gonzales, Molino and Century. Some extremely interesting figures were obtained. It is noticable that there was a higher rate of gastro-intestinal defects and inflamed gums among white than colored infants, this being explained by the higher rate of bottle feeding among white babies. A higher rate of umbilical hernia among colored infants indicated poor midwife or obstetrical service.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

"No health department, State or local, can efficiently prevent or control disease without knowledge of when, where and under what conditions cases are occurring."

MORBIDITY

Notification of 1,585 Cases of Sickness has been received during July as compared with 1,102 for the same month last year.

Diseases	Total Cases	By Weeks July 1922				Weekly average for July 1921
		1st.	2nd.	3rd.	4th.	
Cancer	32	2	1	0	29	19
Chancroid	26	2	7	8	9	6
Chicken Pox	3	0	1	2	0	4
Dengue	719	106	250	194	179	0 A
Diphtheria	51	12	12	16	11	12
Dysentery	11	0	4	0	7	5
Epi. Meningitis	1	0	0	0	1	0
Gonococcus	141	33	34	43	31	18
Hookworm	60	11	28	6	15	7
Influenza	120	10	38	49	23	25
Malaria	85	12	22	17	34	19
Measles	1	0	1	0	0	4
Mumps	4	2	0	1	1	3
O. Neonatorum	2	0	1	0	1	0
Paratyphoid	3	0	0	3	0	0
Pellagra	9	1	1	0	7	1 B
Pneumonia	29	0	1	5	23	21
Poliomyelitis (A)	3	1	2	0	0	0
Scarlet Fever	10	1	7	0	2	1 B
Small Pox	8	0	2	1	5	12
Syphilis	140	17	42	40	41	38
Tetanus	2	1	0	0	1	0 A
Tuberculosis	79	5	7	11	56	51
Typhoid Fever	37	8	6	10	13	15
Whooping Cough	9	2	2	2	3	4

A - Less than one.
B - More than one but less than two.

BUREAU OF VITAL STATISTICS (Continued)

Reported Cases of the following diseases for July 1922.

Counties	Typhoid	Malaria	Small pox	Diphtheria	Influenza	Dengue fever	Syphilis	Gonorrhoea
STATE	37	85	8	51	120	719	140	141
Alachua	-	1	-	2	-	-	-	-
Baker	1	-	-	-	-	-	-	-
Bay	1	-	-	13	-	-	-	2
Bradford	1	-	-	-	-	-	-	-
Brevard	-	-	-	-	-	-	-	-
Broward	-	2	-	-	-	9	-	-
Calhoun	-	1	-	-	-	-	-	-
Charlotte	-	-	-	-	-	-	-	-
Citrus	-	-	1	-	-	-	-	-
Clay	1	1	-	-	-	-	-	-
Columbia	-	-	-	-	-	-	-	-
Dade	3	1	-	2	-	-	8	7
DeSoto	-	-	-	-	-	-	-	-
Dixie	-	-	-	-	-	-	-	-
Duval	3	19	1	5	-	1	93	79
Escambia	2	1	-	4	-	1	1	10
Flagler	-	-	-	-	-	-	-	-
Franklin	-	-	-	-	-	-	-	-
Gadsden	1	-	-	-	1	-	1	3
Glades	2	-	-	1	-	-	-	-
Hamilton	-	-	-	-	-	-	-	-
Hardee	-	-	-	-	-	-	-	-
Hernando	-	-	-	1	-	-	-	-
Highlands	-	-	-	-	-	-	-	-
Hillsboro	4	22	-	2	7	581	32	25
Holmes	-	-	-	-	-	-	-	-
Jackson	-	-	-	-	1	-	-	-
Jefferson	-	-	-	-	-	-	1	-
Lafayette	-	-	-	-	-	-	-	-
Lake	1	-	-	3	-	-	-	-
Lee	-	-	-	1	15	2	-	-
Leon	1	13	-	-	-	-	-	3
Levy	-	1	-	-	-	-	-	1
Liberty	-	-	-	-	-	-	-	1
Madison	-	3	-	-	-	-	-	-

BUREAU OF VITAL STATISTICS (Continued)
Reported Cases of the following diseases for July 1922.

Counties	Typhoid	Malaria	Small pox	Diphtheria	Influenza	Dengue fever	Syphilis	Gonorrhoea
Manatee	2	2	-	-	-	-	-	1
Marion	4	1	-	2	5	-	-	-
Monroe	-	-	-	-	-	-	1	-
Nassau	-	-	-	-	-	-	-	-
Okaloosa	-	-	-	-	-	-	-	-
Okeechobee	-	-	-	-	-	-	-	-
Orange	-	-	-	1	-	-	-	-
Osceola	-	-	-	-	-	-	-	-
Palm Beach	-	-	1	-	-	15	-	2
Pasco	1	1	-	-	12	-	-	-
Pinellas	-	-	2	-	5	105	-	3
Polk	2	4	1	10	1	-	-	-
Putnam	2	-	-	-	-	-	-	-
St. Johns	1	3	-	-	-	-	-	-
St. Lucie	-	-	2	-	-	1	-	-
Santa Rosa	-	-	-	-	-	-	-	-
Sarasota	-	-	-	-	-	-	1	-
Seminole	3	6	-	-	52	4	1	3
Sumter	1	1	-	-	-	-	-	-
Suwannee	-	-	-	-	21	-	1	-
Taylor	-	2	-	-	-	-	-	-
Union	-	-	-	-	-	-	-	-
Volusia	-	-	-	4	-	-	-	1
Wakulla	-	-	-	-	-	-	-	-
Walton	-	-	-	-	-	-	-	-
Washington	-	-	-	-	-	-	-	-
Cities (Following figures are included with County Totals)								
Jacksonville	3	13	1	5	-	1	93	79
Tampa	3	19	-	2	5	514	31	17
Miami	1	1	-	2	-	-	6	6
Key West	-	-	-	-	-	-	1	-

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULY. The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

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Toxin-Antitoxin Wins



LIBRARIAN HYGIENIC.
LABORATORY.
25TH. & EAST STREET.
WASHINGTON, D.C.

By the use of Toxin-Antitoxin your child may be made immune to diphtheria. THINK OF IT ! ! !

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HYGIENIC LABORATORY
WASHINGTON, D. C.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

ENTERED AS SECOND CLASS MATTER, OCTOBER 27, 1921
AT THE POSTOFEICE AT JACKSONVILLE, FLORIDA, UNDER THE ACT OF AUGUST 24, 1912

Vol. 14 **OCTOBER, 1922** **No. 6**

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

CALVIN T. YOUNG, M. D. . . . President, Plant City
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LIST OF PUBLICATIONS FOR FREE DISTRIBUTION

Hookworm Disease
Tom Hardy (Hookworm)
How Typhoid Fever is Caused
Malaria Catechism
Tuberculosis
#124 House Fly
The Fly
Pellagra
Measles
Scarlet Fever
What We Know About Cancer
Smallpox
Mosquitoes and Mosquito Control
Florida Tank Privy
Home Sanitation
What The City Should Do
Septic Tank with Plans
Child Care
Infant Care
Prenatal Care
Bottle Feeding
Motherhood
Breast Feeding
Health of the School Child
Malnutrition
The Road to Health
Trachoma
Child Health Programs

SOCIAL HYGIENE

A. For Young Men
B. For General Public
C. For Boys
D. For Parents
E. For Girls and Young Women
F. For Educators

What Citizens think of Prostitution
Fighting Venereal Disease
Instructions re Syphilis
Instructions re Gonorrhoea

Weaning the Baby
Prevention of Opthalmia Neonator
Advice to Mothers
Diets
School Box Lunches
Diet for child 12 - 18 months
" " " 18 - 24 "
" " " 2 - 3 years
" " " 3 - 6 "
" " " 2 - 6 "
" " " 3 - 5 "
" " " 5 - 7 "
" " " 7 - 12 "

VITAL STATISTICS

Deaths by Counties
Deaths by Cities
Births by Counties
Births by Cities
Infant Mortality (Rates)
Disease Rates (As Specified)

ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer

THE SCHOOL CHILD'S LUNCH BOX

Next to the correction of physical defects, the most important thing for a school child is the contents of his lunch box. It is unbelievable though true that little or no attention is evinced in this important matter, in fact, in the majority of homes, remains from the morning meal or the night before are hastily assembled.

It has long ago been determined that proper feeding is the greatest safeguard against stunted growth and muscular weakness. Many children go without lunch because they have no appetite and the parents do not insist on them eating believing that where there is no appetite the food is wasted.

Appetite aids digestion, of course, and digestion takes place more rapidly when the appetite is keen. However, digestion also takes place when there is no appetite and the body receives the benefit of the food even though the food was taken when appitite was lacking.

Children should have regular feeding hours as do blooded cattle, prize poultry, etc., and their feeding should be as carefully supervised.

If the school box lunch is to take the place of the regular luncheon at home it should be a substantial meal. Although sandwiches are best adapted for lunches they become monotonous if used all of the time especially where there is no variety in the filling.

Different kinds of bread also break the monotony. VARIETY SHARPENS A CHILD'S APPETITE. White, brown, rye, whole wheat, bran, corn or nut breads can be used to advantage. Both pieces of bread should be spread with butter-NOT LARD OR BACON GREASE.

Bread should be of uniform thickness.

It is not necessary to remove the crusts from the bread in making sandwiches.

Butter should be creamed so that it may be spread more smoothly.

ADMINISTRATION (Continued)

Each sandwich should be wrapped in waxed paper in order to keep it fresh until the lunch period.

The lunch should contain two sandwiches (two full slices of bread to a sandwich), a piece of fruit (preferably an apple, peach, orange, guava, pear, grapes or raisins), two cookies (oatmeal, raisin, vanilla, ginger or graham crackers), or a piece of cake (preferably sponge or angel food). If it is possible to obtain it, a glass of milk should be added to this lunch.

Fillings can be made from a great variety of things such as cooked meats, fish, fresh greens, eggs. nuts, dates, cheese, pickles and jellies. Mayonnaise and cooked salad dressings can be mixed with the meats, greens, eggs, nuts, cheese and dates.

The following combinations for sandwiches are suggested:

(1) Ham or veal sliced thin or minced fine with boiled eggs cut fine.

(2) Raisins and nuts chopped fine and moistened with grape juice.

(3) Swiss or cream cheese (with rye bread).

(4) Lettuce and sliced tomato.

(5) Dates and walnuts with lettuce.

(6) Peanut butter and lettuce.

(7) Jellies (strawberry, grape, apple, peach, all berries).

(8) Cream cheese and nut meats.

(9) Raisin, nut, and cream cheese (brown or white bread).

(10) Ground up American cheese with lettuce.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING AUGUST, 1922.

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal parasites	321	164	51	25	59	620
Diphtheria	215	121	112	29	13	490
Typhoid	224	209	55	24	6	518
Malaria	371	213	44	26	38	692
Rabies	9	13	1			23
Tuberculosis	172	100	16	19	11	318
Gonorrhoea	186	71	19	34		310
Syphilis	1180	274	2			1456
Water: Bact. Ex.		26	16	29		71
" NaCl Cont.				26		26
Milk: Bact.	9	8		111	1	129
Chem.	10	8	3	294	4	319
Miscellaneous	17	28		10	1	56
	2714	1235	319	627	133	5028

Specimen Containers distributed 3,199

BIOLOGICAL PRODUCTS SENT OUT DURING AUGUST, 1922

Diphtheria Antitoxin:

10,000 units	188
5,000 "	61
Schick Tests: 10's	2
Toxin Antitoxin: 10's	11

Tetanus Antitoxin:

5,000 units	76
1,500 "	122
Anti Meningococcus	1 Cylinder
Typho Bacterin	629 Packages
Vaccine Virus	670 Points
Anti Rabic Virus	8 Treatments

BUREAU OF LABORATORIES (Continued)

PREVENTING DIPHTHERIA

As the time for the opening of the schools draws near diphtheria becomes more and more a topic for thought and discussion as the number of cases increases as the children are again brought into contact with their companions.

There are two cities in the State that will not this year face an increase in the number of cases of this disease - St. Petersburg and Jacksonville - for last year they availed themselves of the opportunity to avoid this and it is hoped that many of the other cities will follow their example.

Aside from these two cities the school children at New Port Richey received the toxin antitoxin but were not given the Schick test, while at St. Petersburg and Jacksonville this was given and only those susceptible to the disease were given the toxin antitoxin.

The Schick test consists of the introduction of a minute quantity of diphtheria toxin between the layers of the skin and if the blood of the patient contains as much as 1/30 of a unit of antitoxin per c. c. there is no reaction and the individual is immune while if there is less than 1/30 unit of antitoxin a local area of redness will develop in from 24-48 hours and this is evidence that the individual is susceptible to diphtheria.

Those found to be susceptible may be rendered immune by giving toxin-antitoxin (dose 1 c. c. for three injections a week apart).

The immunity induced by this means is an active immunity which lasts for years and probably for life.

Unlike vaccination for small-pox the immunity is obtained slowly and is effective only after one to several months from the time of inoculation.

Toxin antitoxin is advised for children between six months and six years without a preliminary Schick but it should be used only following a positive Schick on those older while the use is not indicated on those younger than six months.

BUREAU OF COMMUNICABLE DISEASE

George A. Dame, M. D., Director

SCARLET FEVER

Scarlet fever is a preventable disease easily transmitted from one person to another and is very widely spread.

Its chief symptoms are sudden onset with fever, nausea and sometimes vomiting, sore throat, and diffuse scarlet rash. Following this rash there is a prolonged period of scaling of the skin.

Mild cases, which are frequently called scarlatina, or scarlet rash, are really almost as dangerous as a severe case. Such cases are just as easily spread and may produce just as severe complications and sequelae as a very severe case. Like other diseases of this class, a mild case of scarlet fever may produce a very severe case in a susceptible person. Remember that in many respects scarlet fever is one of the most treacherous of all diseases. Be vigilant; at the first indication call your physician; follow his directions carefully.

IMMUNITY: A greater number of persons are naturally immune to scarlet fever than to measles. There is no way of determining who are immune. One attack nearly always protects against a second attack. A child is more likely to take scarlet fever at one time than another. A child may be exposed without contracting the disease and later on take it in a severe form. There is no way of establishing artificial immunity.

DEATH RATE. The tendency in this country is toward milder epidemics. The death rate varies considerably. It may be as low as one per-cent in the ordinary forms to as high as ten or even twenty per-cent in the more severe epidemics.

COMPLICATIONS and SEQUELAE. Scarlet fever is always serious. Even when the patient recovers from the disease itself, the complications and consequences may cause permanent damage to the ears, the heart or the kidneys: Deafness, heart disease, Brights' disease.

CAUSE and SOURCE. Scarlet fever is produced by an organism which has not yet been isolated and defined. The only known source of scarlet fever is a scarlet fever patient. The scarlet fever patient is a source of infection from the moment he begins

BUREAU OF COMMUNICABLE DISEASE (Continued)

to be sick until after complete recovery. The germs are contained in the secretions of the throat, the nose, the mouth, and the ears. It is also believed that these germs are thrown off by the skin, and probably by the discharges of the kidneys and bowels.

HOW SPREAD. By "mouthspray" when patient talks, sneezes or coughs. May be direct, or through objects so "sprayed". May be through objects handled or used by patient; towels, cups, letters, playthings, etc. May be transferred in any of a hundred ways that permit the carrying of a small portion of secretion from a sick child to a well one.

HOW TO AVOID.

1. Do not go near anyone who has scarlet fever, anyone who is "coming down" with it, or anyone who has had it recently.

2. Do not handle anything that a scarlet fever patient has handled or used while sick unless it has been thoroughly disinfected. If any infected article is handled, the hands must be carefully washed before the fingers are put to the mouth or nose and before anything is touched that afterward may come in contact with the mouth or nose.

3. All milk that may have been contaminated with material from a scarlet fever patient must be pasteurized or boiled. These are the three principal "don'ts". There are others which may suggest themselves readily.

* * * *

The State Board of Health has a very good booklet on this subject which will be sent without cost to anyone who will make a request to the BUREAU OF COMMUNICABLE DISEASE, STATE BOARD OF HEALTH, JACKSONVILLE, FLORIDA.

BUREAU OF CHILD WELFARE

C. V. Akin, U. S. Public Health Service

THE FACTORS OF CHILD HEALTH

The physiological, or healthy, existence of the child is the expression of the correct and continuous operation of three fundamental factors, namely, (1) Heredity; (2) Environment, and (3) Food.

In thus concisely stating the physical rights of a child to be well born, well cared for, and well fed, no attempt is made to emphasize the importance of one factor as compared to another, as the three are so intimately interrelated that the absence or modification of one will proportionately minimize the beneficent effects of the others no matter how generously bestowed.

HEREDITY:

While neither the extent nor the quality of the effect of heredity on our physical and mental makeup can be accurately determined, it is quite evident to all students of the subject that the evil effects of poor physical inheritance influence the child from the moment of conception throughout life. It is an accepted fact that a poor parent stock will not breed sturdy offspring and this principal is applied in the raising of horses and cattle even tho the human animal leaves this all important matter to chance in the propagation of his own kind.

The obligation of parent to child in regard to physical inheritance is so definitely established that it may not be evaded. The physical qualifications for parenthood are not less vital than the more commonly recognized social features for which mental, moral, and financial standards have been more or less arbitrarily adopted.

A growing recognition of the child's right to a proper physical inheritance is evidenced in the modern program which proposes to secure for the expectant mother the care and attention requisite for her own welfare to the end that she may bear a normal child and then give it the care and protection to which it is entitled by reason of its helplessness.

ENVIRONMENT:

Environment is defined as "the aggregate of all the external

BUREAU OF CHILD WELFARE (Continued)

conditions and influences affecting the life and development of an organism". From this one may with propriety conclude that life itself is for all practical purposes conditioned by environment but experience teaches that the antagonostic effects of environment are more continuously in evidence than are the manifestations of its beneficent influence. Its power for improving a poor physical inheritance is definitely limited while its power to overcome the lessened resistance of the physically unfit is notoriously great and rapid in effect.

The two principal factors in determining environment are, poverty and ignorance. Of these, the more detrimental is ignorance. Poverty and physical inferiority often go hand in hand but usually because of the coincidental operation of supplemental factors antagonistic to health such as inadequate nourishment and improper housing with resultant over-crowding, exposure, and poor ventilation. These latter are not infrequently the products of ignorance and may be more successfully combatted through positive educational efforts than through sporadic and consequently futile measures for social "reform".

While the immediate environment of the child is a problem for individual or family determinations the community in which it resides is accountable for the existence of the general insanitary conditions to which the child may be exposed because of the lack of protection in the home. No better argument in support of this contention can be advanced than that gained from figures which show the immediate saving in child life which parallels every community effort to improve the sanitary conditions surrounding group existence. A low sickness and death rate among infants and young children is the very best evidence of "civic righteousness".

FOOD:

It is impossible to evaluate the part or parts played by food in the child's existance. The development of the child before birth is definitely modified by the quality and quantity of the nourishment taken by the expectant mother. During this period of utter dependence Nature has graciously exempted the unborn child from the immediate stresses of an unkind environment, the full force of all antagonistic influences being diminished by the interposition of the mother's bodily resistance. If disease and physical excesses and dissipations be excluded

BUREAU OF CHILD WELFARE (Continued)

from the maternal economy the intra-uterine life of the child is an uninterrupted period of development and growth, the beneficent effects of which are limited only to the capacity of the mother for converting the gross products of her daily existence into the more refined elements required for her baby's nourishment.

Birth need not, and should not, mean the cessation of this almost perfect system of protection as through the mother's milk Nature strives to prolong the operation of its protective influences.

Through breast milk the separation of child from mother is made a gradual and safe transition, the dangers of individual existence being deferred until the child has accustomed itself to live in an environment which under the best circumstances offers no special inducements to the new-born.

Not only does breast milk provide the essential food elements required for development and growth but, in addition, it is the ideal "protective" food. Absolutely free from the contamination of disease producing germs, it merits the highest sanitary rating. The manner of its production, its ready availability, and the method of administration recommends it as the most economical and efficient source of food supply. Biologically and chemically, it is supremely well adapted to the needs of the child as in it are combined all of the vital elements of nutrition in the exact proportions indicated for the child's welfare.

In addition to the more obvious good qualities just mentioned mother's milk unquestionably contains substances of vital importance to the child which may neither be isolated nor described but whose existence is not questioned because of the specific effects of breast milk in preventing certain diseases and in correcting others. Whether these elements be called "vitamins", "anti-bodies", or what not, the fact remains that the baby who is breast fed develops within himself reserves of physical stamina and resistance to disease which make for an abundance of health, both mental and physical.

PROTECT THE MOTHER AND SAVE THE CHILD

BUREAU OF ACCOUNTING
Screven Dozier, Auditor

MONTHLY FINANCIAL STATEMENT

Balance from last statement	53,317.80
July 1922, Receipts	5,083.11
Total	58,400.91
July 1922, Disbursements	12,414,89
Balance August 1, 1922.	45,98[illegible].02

Included in the disbursement for July 1922, are two amounts $3,321.28 and $2,061.34, taken from the budget of the Bureau of Child Welfare and the Bureau of Communicable Disease, respectively, and deposited with the State Treasurer to establish special accounts, which amounts are to be matched by the U. S. Government for special health work under the direction and disbursement of the State Board of Health.

The accounts set up are as follows:-

(1) "State Board of Health, Sheppard-Towner Act, U. S. Appropriation".

In this account was deposited by the State Board of Health the sum of $3,321.28.

(2) "State Board of Health, U. S. Public Health Service, Venereal Disease Control".

In this account was deposited by the State Board of Health the sum of $2,061.34.

Disbursement from the above accounts are made on special authorized vouchers approved by officials of the State Board of Health - The State Comptroller, and the State Treasurer.

BUREAU OF ENGINEERING

George W. Simons, Jr., Chief Engineer

ARE MOSQUITO CAMPAIGNS EFFECTIVE ?

A great many people have asked the above question. They have been so accustomed to these useless pests that any suggestion to CONTROL or even ERADICATE them is greeted, oftentimes, with ridicule and derision. Fortunately enough substantial work has been done by a number of Florida municipalities to PROVE that money devoted to mosquito control measures is well EXPENDED, and further that the results realized from such work is highly EFFECTIVE.

Dengue fever, according to all reliable authorities, is not fatal BUT while it lasts it causes MISERY, MENTAL ANGUISH, SUFFERING, LOSS OF LABOR, and an EXPENDITURE OF HOME SAVINGS, MEDICINES AND CARE. When these thing are considered, CAN ANY GROUP OF MUNICIPAL OFFICIALS SIT IDLY BY AND DO NOTHING TO CONTROL THE SITUATION?

Dengue, as is pretty widely known, is passed around by the bites of certain species of infected MOSQUITOES. THESE MOSQUITOES ARE OUR COMMON HOUSEHOLD VARIETY - THEY ARE TRULY DOMESTICATED MOSQUITOES, BREEDING ONLY IN FRESH WATER ACCUMULATIONS. The dengue mosquitoes, Culex quinquefasciatus and Aedes aegypti, (Stegomyia Calopus), prefer to breed in artificial receptacles about the home - such places as RAIN BARRELS, CISTERNS, BUCKETS, TUBS, SAGGING OR LEAF DAMMED EAVE GUTTERS, FLOWER VASES, THE SPARE BEDROOM WATER PITCHER, ETC. They also breed in shallow accumulations in ditches and ponds.

IT TAKES A MOSQUITO FROM ONE WEEK TO TEN DAYS TO HATCH FROM EGG TO WINGED INSECT. Control measures practiced during that period of time will PREVENT MOSQUITO EXISTENCE. It is far better to prevent breeding than to slap live, potentially dangerous, mosquitoes later.

MOSQUITO CONTROL MEASURES NEED BE DIRECTED TO FRESH WATER ACCUMULATIONS -- SALT MARSH FORMS DO NOT CARRY DISEASE. A million salt marsh mosquitoes could bite you and you would NEVER GET DENGUE FEVER.

The most effective MOSQUITO CONTROL CAMPAIGNS carried on in Florida this summer have been at MIAMI, WEST PALM BEACH, NEW SMYRNA, DAYTONA, FT. PIERCE and TAMPA. The last mentioned city started a campaign late but in a few weeks DEMONSTRATED CLEARLY

BUREAU OF ENGINEERING (Continued)

THE EFFICACY OF CONTROL MEASURES. Tampa has done a wonderful cleanup work and as a result DENGUE HAS GONE DOWN HILL.

Miami has been fighting the fresh water mosquito since April. The campaign started during April, and the city is expending approximately $1,000 per month on control measures and inspection. ASK ANYONE IN MIAMI IF IT PAYS--There have been less than a dozen cases of DENGUE IN MIAMI all summer. The expenditure of a few dollars in prevention has saved the people thousands in other ways. The campaign has cost the people of Miami about TWO CENTS PER CAPITA PER MONTH. HOW MANY CITIES ARE WILLING TO PAY AS HIGH AS FIVE CENTS PER CAPITA PER MONTH TO KEEP DENGUE OUTSIDE THE GATE?

Mosquito control requires COOPERATION - every individual in the town must assist - every organization must help. THE STATE BOARD OF HEALTH will assist any town in the state to start a campaign; it will outline plans of attack and arouse public sentiment for the people.

Mosquito control measures not only affect the dengue incidence, but likewise the MALARIA incidence. The malaria mosquito is a fresh water breeder, but its habits are slightly different from those of the dengue mosquito - HOWEVER - measures aimed at the one will tend largely to control the other also. In other words, TWO BIRDS ARE KILLED WITH ONE STONE.

Those cities and towns in which intensive mosquito control measures have been practiced this summer deserve to be placed on the HONOR ROLL. Their councils or commissions should be highly praised for the manner in which they have given their support to the work. COOPERATION AND INTENSIVE ACTION DESERVE REWARD.

DOCTOR WILLIAM B. KEATING

On September 1st, 1922, Doctor William B. Keating, resigned from the position of the Director of the Bureau of Child Welfare of the State Board of Health, to resume private practice in Key West.

Doctor Keating received his medical education at Tufts College Medical School and College of Physicians and Surgeons, later serving an eighteen month interneship in the Flower Hospital, New York City. After graduation he was made Resident Surgeon.

His first visit to Florida was made in 1914 as private physician to Commodore E. C. Benedict, a New York millionaire, aboard his yacht "Oneida".

In 1917 Doctor Keating married the daughter of Chief Justice Brown of the Florida Supreme Court and for about a year practiced in his home town, Beverly, Massachusetts.

Moved to Florida in 1919 and on November 15th, was appointed Director of the Bureau of Child Welfare in which capacity he served up to the day of his resignation.

During July, 1921, Doctor Keating was detailed to attend the Pellagra conference with the Surgeon General in Washington and was instrumental in having Florida omitted from the list of "Pellagra ridden" states.

While serving as Director of the Bureau of Child Welfare, Doctor Keating inaugurated a trachoma clinic and traveled over the State holding clinics and operating on the indigent.

The State Board of Health deeply regrets the resignation of Doctor Keating but wishes him the best of luck and prosperity in his new venture.

HERE AND THERE

It is most interesting to note that the mailing list of HEALTH NOTES has been increased by over fifteen hundred copies since the publication was started several months ago. Besides including every State in the Union on the mailing list, Honolulu, Uruguay, Canada, Sargodatha India, London, Porto Rico, Cuba, Alaska, Philippine Islands, Peru, South Africa, Brazil, Central America, Panama Canal Zone, and Switzerland are also represented.

The Bureau of Communicable Disease of the State Board of Health has detailed its District Health Officers to make health surveys of every county in the State, this to be followed later, if funds are provided by increased appropriation, by intensive follow up measures to correct the outstanding public health menaces. Notwithstanding the fact that the State Board of Health is working with an extremely limited personnel practically one third of the State has already been covered surveys having been made of the following counties: St. Johns, Washington, Dade, Citrus, Escambia, Sarasota, Duval, Sumpter, Clay, Bay, Santa Rosa, Liberty, Volusia, Holmes, Lake, Hernando, Okaloosa, Marion, Gadsden and Seminole.

The United States Public Health Service forces who have been doing child hygiene work in Florida in cooperation with the State Home Demonstration Agents, the Women's Clubs and the State Board of Health were gradually withdrawn during the month of August, and on September first, Surgeon C. V. Akin, Director, and Miss Margaret Duffy, Supervising Nurse, left for their new station at Hagerstown, Maryland, this clearing the State of all U. S. P. H. S. Child Hygiene Workers.

The maternity and infancy work provided for with funds from the Sheppard-Towner Act is rapidly gaining headway and with some most encouraging results. Classes have been held for colored midwives and have proven most satisfactory, twenty attending the first class, thirty-two the second and forty-three the last class. The last two classes were held in Brewster Hospital in Jacksonville, instruments, space, etc., being provided for demonstrating purposes, through the courtesy of Mrs. Bertha Dean, Superintendent. It is expected to hold these classes every week in Jacksonville until all midwives in and around Jacksonville have been reached. This work will be duplicated all over the State.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

"No health department, State or Local, can efficiently prevent or control disease without knowledge of when, where and under what conditions cases are occurring".

MORBIDITY

Notification of 2,302 Cases of Sickness has been received during August as compared with 1,810 for the same month last year.

Diseases	Total Cases	By Weeks August, 1922					Weekly average for August 1921	
		1st.	2nd.	3rd.	4th.	5th.		
Cancer	26	1	0	1	23	1	36	
Chancroid	11	1	6	1	3	0	4	
Chicken Pox	1	0	0	1	0	0	0	A
Dengue	1240	269	217	212	294	248	3	
Diphtheria	69	18	11	12	19	9	13	
Dysentery	11	3	0	1	5	2	7	
Epi. Meningitis	1	0	0	0	1	0	7	A
Gonococcus	117	17	26	25	40	9	35	
Hookworm	62	11	9	15	7	20	21	
Influenza	235	56	65	21	81	12	71	
Malaria	184	25	12	54	56	37	50	
Measles	2	0	0	1	1	0	3	
Mumps	2	0	0	1	0	1	0	A
O. Neonatorum	2	0	1	1	0	0	0	A
Pellagra	16	0	1	1	12	2	11	
Pneumonia	27	3	0	0	24	0	33	
Poliomyelitis(A)	1	0	1	0	0	0	0	A
Scarlet Fever	10	3	1	5	0	1	3	
Small Pox	15	1	1	2	1	10	11	
Syphilis	148	4	45	39	49	11	47	
Tetanus	2	0	0	1	1	0	68	
Tuberculosis	75	5	5	14	46	5	68	
Typhoid Fever	43	9	11	6	11	6	24	
Whooping Cough	1	0	1	0	0	0	7	
L. Encephalitis	1	0	1	0	0	0	0	A

A- Less than one.
B- More than one but less than two.

BUREAU OF VITAL STATISTICS (Continued)

Reported Cases of the following diseases for August 1922.

Counties	Typhoid	Malaria	Small pox	Diphtheria	Influenza	Dengue fever	Syphilis	Gonorrhoea
STATE	43	184	15	69	235	1240	148	117
Alachua	1	–	–	2	–	–	–	–
Baker	–	–	–	–	–	–	–	–
Bay	–	–	–	5	–	–	–	3
Bradford	–	–	–	–	7	–	–	–
Brevard	–	–	–	–	–	–	1	–
Broward	–	2	–	–	–	7	–	–
Calhoun	–	1	–	–	1	–	–	–
Charlotte	–	–	–	1	–	–	–	–
Citrus	–	1	–	–	5	12	1	1
Clay	–	2	–	–	–	1	–	–
Columbia	1	6	–	2	2	5	1	1
Dade	1	–	–	1	1	3	14	14
DeSoto	1	–	–	–	–	33	–	–
Dixie	–	–	–	–	–	–	–	–
Duval	2	85	–	10	48	357	112	66
Escambia	2	–	–	5	–	–	1	3
Flagler	–	–	–	–	–	–	–	–
Franklin	–	–	–	–	1	–	–	–
Gadsden	1	11	2	–	26	–	3	2
Glades	–	–	–	2	–	–	–	–
Hamilton	1	–	–	–	–	–	–	–
Hardee	–	–	–	–	28	21	–	–
Hernando	–	–	–	–	–	–	–	–
Highlands	–	–	–	1	–	–	–	–
Hillsboro	4	7	–	14	19	560	10	16
Holmes	1	–	–	1	–	–	–	–
Jackson	–	2	–	–	–	–	–	–
Jefferson	–	1	–	–	–	–	–	–
Lafayette	6	1	–	–	–	–	–	–
Lake	1	–	–	–	–	–	–	–
Lee	–	–	–	–	–	3	–	–
Leon	–	–	–	–	–	–	–	–
Levy	–	2	–	–	4	–	–	–
Liberty	–	–	–	–	–	–	–	–
Madison	–	2	–	–	–	1	–	–

BUREAU OF VITAL STATISTICS (Continued)

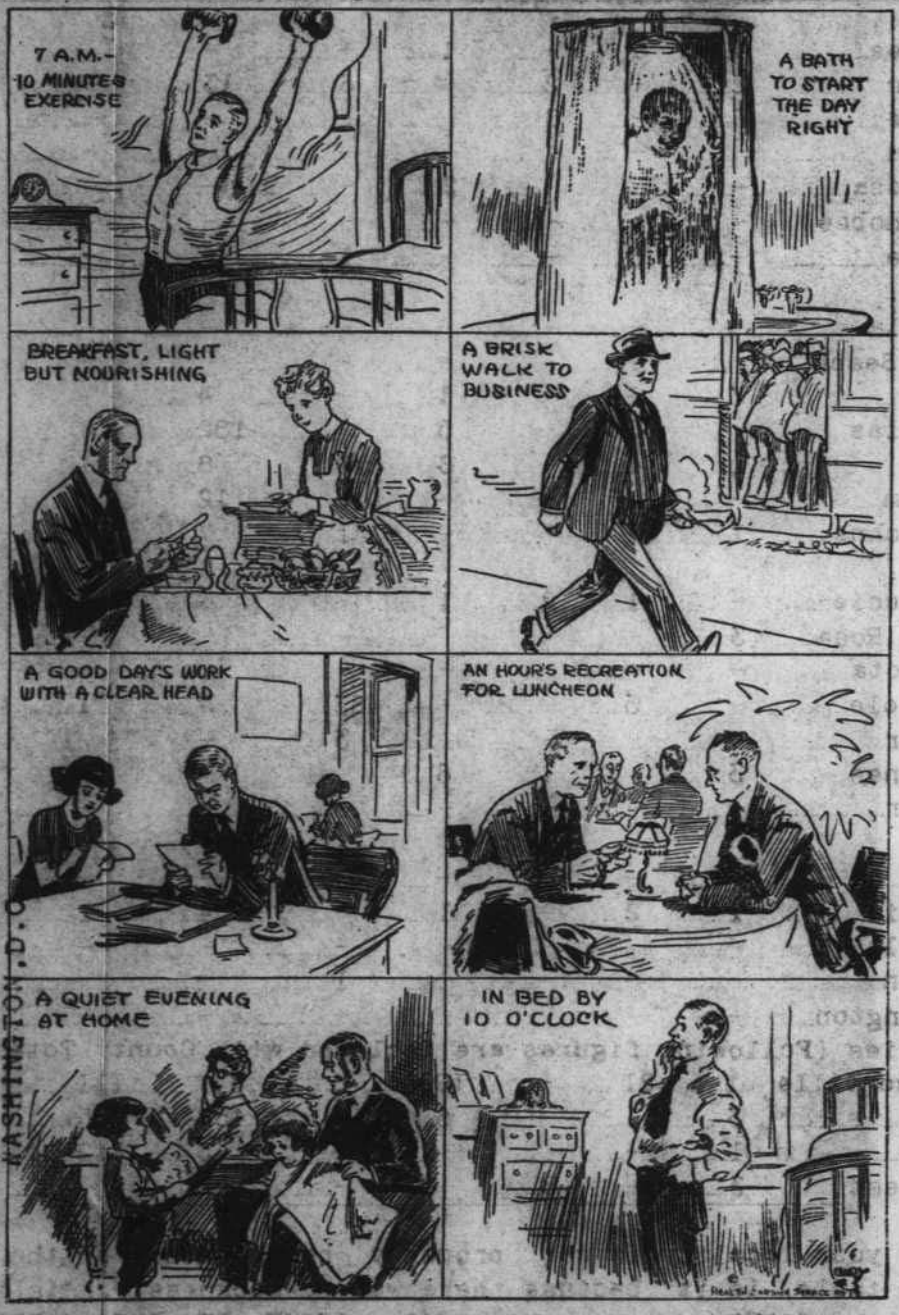
Reported Cases of the following diseases for August 1922.

Counties	Typhoid	Malaria	Small pox	Diphtheria	Influenza	Dengue fever	Syphilis	Gonorrhoea
Manatee	4	1	–	1	–	–	–	–
Marion	2	–	2	–	6	13	–	–
Monroe	3	–	8	–	–	–	–	–
Nassau	–	–	–	–	–	–	–	–
Okaloosa	–	–	–	2	–	–	–	–
Okeechobee	–	–	–	–	–	–	–	–
Orange	–	3	–	–	1	–	–	–
Osceola	–	–	–	–	–	–	–	–
Palm Beach	–	–	–	–	–	–	–	–
Pasco	3	1	–	1	–	4	–	–
Pinellas	–	3	–	5	–	182	–	2
Polk	1	4	–	8	10	8	1	–
Putnam	–	21	–	–	8	12	–	–
St. Johns	1	22	–	–	1	7	2	3
St. Lucie	–	1	2	1	–	–	–	1
Santa Rosa	3	–	–	–	–	–	–	–
Sarasota	–	–	–	–	–	–	–	–
Seminole	–	3	–	–	63	7	1	–
Sumter	–	–	–	–	3	–	–	–
Suwannee	3	–	1	6	–	–	–	1
Taylor	–	–	–	–	–	–	–	–
Union	–	–	–	–	–	–	–	–
Volusia	1	2	–	1	–	4	1	4
Wakulla	–	–	–	–	–	–	–	–
Walton	–	–	–	–	1	–	–	–
Washington	–	–	–	–	–	–	–	–
Cities (Fcllowing figures are included with County Totals)								
Jacksonville	1	81	–	10	6	347	111	64
Tampa	3	1	–	6	11	457	5	14
Miami	1	–	–	–	–	3	12	12
Key West	3	–	8	–	–	–	–	–

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

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A N '22



HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

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Vol. 14 **NOVEMBER, 1922** **No. 7**

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

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Raymond C. Turck, M. D., State Health Officer.

CANCER

One of the most important causes of death today is cancer. The intense fear that some peculiar condition existing might be diagnosed as cancer resulting in failure to seek a physician's advice and the fact that people generally are not familar with the symptoms of cancer other than pain makes it difficult to increase the number of cures.

Contrary to widespread belief, cancer is not a germ disease; neither is it hereditary. No germ has ever been found which is capable of causing cancer in human beings. It is therefore not contagious. Care must be taken, however, to collect and disinfect all dressings not because there is danger of becoming infected but because the discharges and dressings contain germs such as those which cause boils, erysipelas and other skin inflammations. There is no reason to worry if one member of a family has cancer. It has been shown by careful and extensive experiments with both humans and animals that cancer is predominantly a disease of middle and later life and if in some instances two or more cases have occurred in a family this cannot be credited to heredity. Life insurance companies no longer pay any attention to a history of 'cancer in the family' even if both parents died from this cause.

The occurrence of cancer of the internal organs is probably the most frequent and external cancer is least frequent.

The cause of cancer is rather indefinite and although it is an understood fact that it is due to the 'running wild' of certain parts of the body tissues, it has not been determined what causes this 'running wild' process.

Cancer frequently has been known to start from a mole or pigmented wart which is kept sore and bleeding by constant irritation. It has also been known to develop from the scar of an old burn or in places where there has been a chronic ulcer, as on the lip, tongue or leg and from small, primarily harmless, tumors or cysts. It is extremely difficult to diagnose an internal cancer in the early stages. Ulcer of the stomach is sometimes a starting point for cancer. Likewise, cancer of the lower bowel is sometimes preceded by chronic inflammation. Persons suffering with chronic dysentery, ulceration of the bowels or bleeding piles should secure a proper diagnosis from a compe-

ADMINISTRATION (Continued)

tent physician in order to determine whether or not cancer has not already developed. In the beginning cancer ordinarily shows no active symptoms unless on the external surface of the body or on the tongue. Internal cancers are not symptomatically evidenced until quite large. Anyone who suffers from constant sleeplessness; loss of weight, anemia or any disturbance of the stomach or intestines should lose no time in consulting a physician.

Two of the more frequent types of cancer are cancer of the uterus and cancer of the skin.

The first symptom of cancer of the uterus in the majority of cases is an irregular blood tinged watery discharge, although this symptom may be due to some other harmless cause. No pain or lump is felt during this period. Continuous discharges with pain radiating down the leg is almost a certain indication that cancer is present and progressing rapidly.

Cancer of the skin is found more frequently in men. About one half of all cases are located on the face. Cancer of the skin is, at first, entirely painless and for this reason is overlooked until it becomes more or less unsightly. It usually starts as a small slightly raised spot which increases slowly in size and spreads with varying degrees of rapidity. The rapidly spreading type is extremely dangerous on account of a tendency to spread to internal organs.

Cancer of the lip occurs frequently in men but only occasionally in women and practically always on the lower lip. Cancer of the tongue usually commences as a small spot or crack on the smooth surface of the tongue which may have been irritated by a sharp or decayed tooth.

There are many other types of cancer, namely, those of the nose or throat, breast, cheek, stomach, tonsil, larynx, rectum, intestines, kidneys and bladder. In any of these different types it should be remembered that all cancers begin as a small growth and if removed in the early stage will always be curable.

An early visit to the Doctor may add thirty years to your life.

THINK IT OVER.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING SEPTEMBER, 1922

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	301	127	66	32	31	557
Diphtheria	419	624	38	58	39	1178
Typhoid	144	177	19	20	17	377
Malaria	226	214	13	21	63	537
Rabies	6	7				13
Tuberculosis	134	84	6	26	5	255
Gonorrhoea	143	76	13	34	2	268
Syphilis	1041	238				1279
Water: Bact. Ex.		25	4	29	1	59
" NaCl Cont.				26		26
Milk: Bact.	18	17		113	43	191
Chem.	18	17		328		363
Miscellaneous	12	22		1	3	38
	2462	1628	159	688	204	5141

Specimen Containers distributed 2658

BIOLOGICAL PRODUCTS SENT OUT DURING SEPTEMBER, 1922

Diphtheria Antitoxin	10,000 units	225
	5,000 "	85
Schick Tests:	10's	6
	100's	44
Toxin Antitoxin:	10's	59
Tetanus Antitoxin:	5,000 units	68
	1,500 "	139

Anti Meningococcus Serum ..... 11 Cylinders

Typho Bacterin ..... 103 Packages

Vaccine Virus ..... 1650 Points

Anti Rabic Virus ..... 20 Treatments

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

MONTHLY FINANCIAL STATEMENT

Receipts

Balance from last statement	$45,986.02
August 1922, Receipts	3,174.11
Total	$49,160.13

Disbursements

August 1922 Disbursements	8,829.94
	$40,330.19

ANNUAL RECEIPTS AND DISBURSEMENTS TO SEPTEMBER 1, 1922.

Receipts

Balance from 1921	$47,416.86
Total Receipts in 1922	79.241.00
Total	$126,657.86

Disbursements

Total Disbursements in 1922	86,327.67
Balance as above, September 1, 1922	$40,330.19

BUREAU OF CHILD WELFARE

Laurie Jean Reid, R. N., Director

THE SCHOOL CHILD'S HEALTH

In considering the care of the school child from a health standpoint I desire first, to give you a brief history of medical and nursing work in schools. Few Americans realize how slow their country has been to recognize the necessity for the systematic care of the health of the school child. As a matter of fact, the United States has been one of the last of the civilized nations to seriously consider this problem. It has always seemed poor business to me to have an elaborate expensive system of education and laws which compel a child to attend school for a certain number of months each year and to ignore the very foundation of an education by paying no attention whatever to that same child's health.

Early in the history of school nursing, the value of home visiting was recognized but most emphasis was placed on the protection of the child in school. This was good as far as it went, but the sending home of a child, even though with a card which gave the reason for the exclusion and the advice that the family physician be consulted, did not bring the desired result in the majority of cases. In many instances it simply meant that because of the card, the child could legitimately remain away from school and the cause, unless acute, was paid little attention to.

We have taken the health of children for granted, not paying particular attention to their physical well being so long as they ate three meals each day and did not complain. In many instances indeed, even minor complaints are called notions and frowned upon. We would not neglect the sewing machine or the clock or the kitchen range, but would have expert help when they fail to work smoothly. We are very careful of our prize Duroc hogs and Holstein cattle and at the first sign of trouble call for the services of an expert for the correction of any trouble, since prize animals cost money and the loss of them is felt in ones pocket, but our children who are the most precious things in the whole wide world and the most highly organized delicate machines, we leave to chance, trusting that they will be all right. Our first duty in the physical care of the school child, should be to see to it that the school buildings in which they are housed for so many hours each day are properly built. The illumination, ventilation, sanitation, heating, seating and water supply, should be carefully arranged. I have gone into school rooms where children sat facing a direct light and where, because of the lack of proper heating, every window was closed

BUREAU OF CHILD WELFARE (Continued)

although from forty to fifty children were supposed to be studying and getting the most out of the day's lessons.

The reason for most of the inattention and restlessness in a class room can usually be traced to the conditions in that room. Eye-strain, and we find so much of it in the school children, may be the direct result of the faulty illumination of the school room. Headaches and restlessness, the result of faulty ventilation. Colds and like ailments, the result of faulty sanitation and hearing and postural defects, the result of improper seating. It is the duty of the parents to know the arrangement of the buildings in which their children are housed and insist upon a proper arrangement and heathful surroundings for their children during school hours. The play ground should be kept free of trash piles, and equipment provided for healthful exercise.

In order that we may have the necessary knowledge of our children's condition there should be a physical examination made every year. This examination if made by a school physician should cover height, weight, chest expansion, test for vision and hearing, examination of mouth, throat and nose, for decayed teeth, enlarged or diseased tonsils and possible growths in the nose or air passages, examination for deformities and postural defects; evidence of mental or nervous disease, speech defects, examination of heart and lungs, examination for blood and intestinal parasites. If there should not be a physician available and a school nurse is employed, there should be an examination made by her. This should cover height, weight, chest expansion, test of vision, hearing, examination of mouth and throat, for teeth and tonsils, and for postural defects, and any other obvious deviation from normal, apparent in the child.

The National Department of Education tells us that if a certain thing is taught a child every day for six months, with no further teaching sixty per cent will continue the habit formed. How important then becomes the teaching of the value of fresh air and correct breathing, correct posture both sitting, walking and standing, the proper amount of sleep and why they need it; the teaching of proper diet and the method of eating; the value of water both internal and external; the value of clean hands, about which a book could be written; proper exercise and the value of play, the care of the teeth; proper clothing for various seasons, so that we have the cooperation of the child in the matter of his responsibility for his health as well as the acquiring of an education.

BUREAU OF ENGINEERING

George W. Simons, Jr., Chief Engineer

CONSTRUCTIVE PUBLIC HEALTH IMPROVEMENTS

SANITARY ENGINEERING has been defined as "that branch of civil engineering which is concerned with the constructions for promoting the health of the community". Generally speaking, such constructions fall under two general classifications, WATER SUPPLY AND SEWERAGE. Of late years all matters of sanitation which are not of a strictly medical nature have come within the scope of sanitary engineering, such as refuse or waste handling, ventilation, lighting, drainage and general municipal sanitation.

Sanitary Engineering activities have been much in evidence in our Florida communities this year - more so than during any previous period. There is practically no city or town of any appreciable size within the State that has not already completed, has under construction, or is about to start some kind of extensive program of health improvement work - along engineering lines.

SEWERAGE AND SEWAGE DISPOSAL

The BUREAU OF ENGINEERING has, within the last two months, examined and approved contemplated SEWERAGE plans for the following cities:- EUSTIS - HASTINGS - HAINES CITY - LAKE WORTH - WINTER HAVEN - PLANT CITY.

The works at Winter Haven and Eustis are already being installed. These combined improvements will be beneficial to their respective communities - AN INVESTMENT IN HEALTH PROTECTION.

Comprehensive sewerage extension programs have been under way this summer at the following places:- WEST PALM BEACH, ORLANDO, JACKSONVILLE, SARASOTA, MIAMI, WINTER GARDEN, INVERNESS, ST. PETERSBURG, CLEARWATER AND MONTICELLO. The works at all these places are provided with the additional equipment for sewage treatment and sludge handling. At St. Petersburg a 1200 foot cast iron outfall is being laid into Tampa Bay, the present disposal units being modified along more advanced lines and the entire system being made more effective. At West Palm Beach a number of disposal units make up part of the work of construction. These added lines of extended sewers will make it possible for thousands of people to take advantage of modern facilities.

BUREAU OF ENGINEERING (Continued)

WATER SUPPLY AND WATER TREATMENT

Sewerage construction has not been claiming all attention. Extensive water supply developments have also been going ahead. The following cities and towns are doing work in this branch:- ORLANDO, JACKSONVILLE, LIVE OAK, PENSACOLA, FT. PIERCE, CLERMONT, HAINES CITY, PLANT CITY, PALATKA, GREEN COVE SPRINGS, TAMPA and WINTER GARDEN.

Probably the most important water supply developments of note are those contemplated at ORLANDO. Last spring the privately owned water utility here was purchased by the city. Immediate plans were started for a complete rehabilitation of the old institution; a part of the new outlay being A MODERN RAPID SAND FILTRATION PLANT OF LATEST DESIGN -- the second of its type in Florida, the other being at West Palm Beach. This new plant, the contract for which has recently been awarded, will treat a surface lake water and provide the consumers with a clear, sparkling soft water supply.

JACKSONVILLE, in accord with a Bureau order, is completing its new water aeration plant, and covering the former settling basins. This city has also been investigating a future supply.

PENSACOLA has recently concluded a thorough investigation of its entire water utility and plans are being prepared for much improvement work.

FORT PIERCE, following a Bureau report, has completed its first of a series of battery wells which are proving successful in bettering the water quality. Another battery will soon be under way.

The plant at HAINES CITY will be a complete new installation.

PALATKA purchased the privately owned soft water plant located there and the city engineer is now making considerable change in arrangement at the plant site.

WINTER GARDEN, PLANT CITY AND GREEN COVE SPRINGS are all doing extension work in outlying districts, also relaying many small and old lines.

REFUSE TREATMENT

DAYTONA has awarded a contract for a new incinerator for garbage and refuse; MIAMI has ordered her second unit, also ORLANDO.

PUBLIC HEALTH IS PURCHASEABLE AND THOSE CITIES AND TOWNS ENUMERATED ABOVE WILL REALIZE VASTLY ON THEIR INVESTMENT. HEALTH IS STRICTLY A DOLLARS AND CENTS PROPOSITION-WHAT ARE YOU WILLING TO PAY TO MAINTAIN THE HEALTH OF YOURSELF AND THOSE DEAR TO YOU?

HERE AND THERE

The week of November 12-18 has been designated as a NATIONAL CANCER WEEK to be conducted throughout the United States and Canada. That the mortality from cancer is slowly increasing is evidenced by the following table:

Table showing Deaths and Death Rates per 100,000 Population from Cancer (all forms) occurring in Florida, by Color and by Years.

Years	Total Deaths	Rate	White Deaths	Rate	Colored Deaths	Rate
1921	566	56.6	456	69.6	110	31.3
1920	497	50.8	370	57.3	127	38.2
1919	455	47.8	360	57.0	95	29.2
1918	429	45.9	327	53.0	102	32.1
1917	378	41.4	298	49.5	80	25.8

During this week demonstrations and talks will be given by Doctor Gerry R. Holden, Director of the State Board of Health Clinic for the Treatment of Inoperable Cancer and by a representative of the State branch of the American Society for the Control of Cancer.

Mrs. Laurie Jean Reid, R. N., was appointed Director of the Bureau of Child Welfare to succeed Doctor W. B. Keating, resigned, September 15th. Mrs. Reid comes to Florida with a broad experience in child welfare work and an enviable record. Her work is most highly endorsed by the officials under whom she worked in Montana and Mississippi.

After many years of commendable service with the State Board of Health, Doctor George A. Dame has resigned from the position of Director of the Bureau of Communicable Diseases to re-enter private practice in his former home town, Inverness.

Jacksonville has joined the group of towns that are putting on mosquito eradication campaigns. The Boy Scouts are assisting the City Health Officer and his workers in this campaign and it is believed the number of cases of dengue will rapidly decrease.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

"The basis of all scientific hygienic work is Vital Statistics. This is the bookkeeping of humanity. It gives us the only means of knowing the whereabouts of disease and the extent of the losses caused by it. How necessary it is for every commander of a vessel to know the latitude and longitude of his position when upon the sea! Vital Statistics tell us of our social latitude and longitude on the sea of time; real things a nation must know, if the rocks and reefs of disease are to be avoided and the nation is to endure. It has been demonstrated that the great enemy of mankind is disease, and if we can possibly know the strength of our destroyer, then we may hope to eliminate this monster by combating it with the proper weapons of defense. This will be the first step for the successful conduct of a movement for the betterment of the public health, hence every person should do his part and see to it that the births, deaths and contagious diseases which occur in his family are properly reported".

"The importance of recording births properly may be well illustrated by relating the following instances: A young man and wife came from Switzerland and settled in a nearby State. They were hardy, honest and industrious. They settled in a county by the name of Switzerland, doubtless being attracted by the name of their home-land. In the course of time a baby girl came to brighten their home. The father being thrifty and intelligent, was soon made a foreman in a saw-mill. When his child was about two years old, the father was accidently killed by a log rolling over him. Time had not been sufficient for him to accumulate property, hence the wife struggled with wash-tub and needle to earn a living for herself and child. One day the news came that a brother of the father, the child's uncle in Switzerland, had died leaving $12,000 to the issue of his brother. Great was the rejoicing which, on account of the neglect of the physician to record the birth, was to become bitter sorrow. Before the Swiss Government would turn over the property, it must have proof that the little child was the issue of the dead man. Neighbors knew of the birth of the child, but could not testify except as to their belief of the fatherhood. The testimony of the mother was not admissible in her own country for she could lead any child into court and declare any man to be the father. It was the physician's birth certificate, made at the time of birth and presumably in the presence and by the authority of the father, that the law demanded. It could not be produced and the helpness infant that THE PHYSICIAN SHOULD HAVE BEEN EAGER TO PROTECT AND SERVE, lost its inheritance.

BUREAU OF VITAL STATISTICS (Continued)

What a cruel and unnecessary blow was this from the hand of a practitioner of the learned and benevolent science of medicine! Surely a physician's duty to the families he serves and to the helpless infants is not fully performed until he has made out a certificate of birth and taken reasonable care that it is made of due legal record. Another incident is related of a farmer who left his valuable estate in trust, to his unthrifty son, to go to his granddaughter on her twenty-first birthday. The girl was told that the date of her birth was on a certain day of the month and year; and always celebrated the day as her birthday. The time came when she believed she was twenty-one, and therefore claimed her inheritance. Her father denied her age, saying she was only nineteen. The family Bible was appealed to but the leaf containing the family record was gone. No birth record had been rendered and the attending physician was dead. The court was in a quandary. A Solomon was needed for judgment. At last a neighbor remembered that a valuable cow belonging to the grandfather had given birth to a calf the day the girl was born,and he could swear to it. Perhaps the grandfather had recorded the date of the birth of the calf. His farm book showed this to be the case. The date of the birth of the human being was established".

"What has been related regarding births is essentially true of the other departments of Vital Statistics. It is as necessary that all stillbirths and deaths be reported in order that the proper tables of mortality may be made. These tables are essentially useful in studying all public health measures; and without them,we are like one traveling on a road with no guidepost".

(Iowa Health Bulletin)

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
302	Mr. W. T. Lash,	Box 207, Millville, Fla.
702	Mr. Roy G. Turvaville,	Altha, Fla.
1401	Mr. J. E. Frenkel,	Box 1223, Pensacola, Fla.
2101	Mr. Carey W. Forrester,	Box 105, Marianna, Fla.
25077	Mrs. Charity Addison,	Marco, Fla.
25237	Mrs. Chas. Stewart,	Naples, Fla.
25257	Mrs. J. M. Barfield,	Caxambas, Fla.
2601	Mr. B. H. Bridges,	Tallahassee, Fla.
3106	Dr. P. T. McClellan,	Reddick, Fla.
3803	Mrs. Hattie Tyer,	Trilby, Fla.

BUREAU OF VITAL STATISTICS (Continued)

"No health department, State or local, can efficiently prevent or control disease without knowledge of when, where and under what condition cases are occurring."

MORBIDITY

Notification of 2,166 Cases of Sickness has been received during September as compared with 1,175 for the same month last year.

Diseases	Total Cases	By Weeks September 1922				Weekly average for September 1921	
		1st.	2nd.	3rd.	4th.		
Cancer	4	1	2	0	1	4	
Chancroid	14	2	6	3	3	5	
Chicken Pox	3	0	2	1	0	0	A
Dengue	1,469	286	421	334	428	12	
Diphtheria	80	19	22	19	20	21	
Dysentery	5	4	0	1	0	1	B
Gonococcus	102	17	37	26	22	43	
Hookworm	105	47	19	16	23	10	
Influenza	54	10	2	9	33	8	
L. Encephalitis	1	0	1	0	0	0	
Malaria	91	14	31	21	25	28	
Measles	1	0	0	1	0	0	A
Pellagra	1	0	0	1	0	5	
Pneumonia	9	3	2	1	3	2	
Scarlet Fever	2	0	0	0	2	2	
Small Pox	7	3	1	2	1	6	
Syphilis	164	40	49	38	37	49	
Tetanus	1	0	0	0	1	0	A
Trachoma	1	1	0	0	0	2	
Tuberculosis	31	4	12	7	8	18	
Typhoid Fever	20	5	2	7	6	11	
Whooping Cough	1	0	0	0	1	2	

A - Less than one.
B - More than one but less than two.

BUREAU OF VITAL STATISTICS (Continued)

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Malaria	91	14	31	21	25	28	
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Pellagra	1	0	0	1	0	5	
Pneumonia	9	3	2	1	3	2	
Scarlet Fever	2	0	0	0	2	2	
Small Pox	7	3	1	2	1	6	
Syphilis	164	40	49	38	37	49	
Tetanus	1	0	0	0	1	0	A
Trachoma	1	1	0	0	0	2	
Tuberculosis	31	4	12	7	8	18	
Typhoid Fever	20	5	2	7	6	11	
Whooping Cough	1	0	0	0	1	2	

A - Less than one.
B - More than one but less than two.

BUREAU OF VITAL STATISTICS (Continued)
Reported Cases of the following diseases for September 1922

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Hookworm	Dengue fever	Syphilis	Gonorrhoea
STATE	20	91	7	80	105	1469	164	102
Alachua	-	-	-	-	4	2	-	-
Baker	-	-	-	-	-	4	-	-
Bay	-	-	-	17	-	-	-	1
Bradford	-	-	-	-	-	-	-	-
Brevard	-	-	-	-	-	-	-	-
Broward	-	1	-	-	1	9	-	-
Calhoun	-	-	-	-	-	-	-	-
Charlotte	-	-	-	-	-	-	-	-
Citrus	1	-	-	4	-	6	-	-
Clay	-	1	-	1	-	17	-	-
Columbia	-	1	-	-	-	111	2	2
Dade	1	-	-	2	-	-	3	-
DeSoto	-	-	-	-	-	-	-	-
Dixie	-	-	-	-	-	-	-	-
Duval	1	34	-	7	-	936	145	75
Escambia	-	-	-	5	3	-	1	1
Flagler	-	-	-	-	-	-	-	-
Franklin	-	-	-	-	-	-	-	-
Gadsden	-	4	-	1	-	197	-	-
Glades	-	-	-	-	-	-	-	-
Hamilton	-	-	-	-	-	-	-	-
Hardee	-	-	-	-	-	2	-	-
Hernando	-	1	-	-	-	-	-	-
Highlands	-	-	-	-	-	-	-	-
Hillsboro	3	7	-	20	-	54	13	13
Holmes	1	-	-	-	-	4	-	-
Jackson	2	-	-	-	-	-	-	-
Jefferson	-	-	-	1	-	-	-	-
Lafayette	-	-	-	-	-	-	-	-
Lake	-	-	-	1	-	-	-	-
Lee	-	-	-	1	-	-	-	-
Leon	1	-	-	-	8	-	-	-
Levy	-	-	-	-	2	-	-	-
Liberty	-	-	-	-	-	-	-	-
Madison	-	-	-	-	1	23	-	-

BUREAU OF VITAL STATISTICS (Continued)
Reported Cases of the following diseases for September 1922

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Hookworm	Dengue fever	Syphilis	Gonorrhoea
Manatee	-	-	-	3	-	-	-	-
Marion	1	1	-	-	-	5	-	-
Monroe	2	-	6	-	-	-	-	-
Nassau	-	-	-	-	-	1	-	-
Okaloosa	-	-	-	-	57	2	-	-
Okeechobee	-	-	-	-	1	-	-	-
Orange	-	2	-	-	7	-	-	-
Osceola	-	-	-	1	-	-	-	1
Palm Beach	-	-	-	-	2	1	-	2
Pasco	1	-	-	-	3	-	-	-
Pinellas	-	-	-	2	2	52	-	1
Polk	1	3	-	2	4	7	-	-
Putnam	-	25	-	2	1	5	-	-
St. Johns	-	8	-	-	-	9	-	-
St. Lucie	-	1	1	1	1	-	-	-
Santa Rosa	2	-	-	2	1	-	-	-
Sarasota	-	-	-	-	-	-	-	-
Seminole	1	1	-	-	5	5	-	-
Sumter	-	-	-	-	-	-	-	-
Suwannee	-	1	-	2	2	-	-	-
Taylor	1	-	-	-	1	-	-	-
Union	1	-	-	1	1	2	-	-
Volusia	-	-	-	-	-	16	-	-
Wakulla	-	-	-	-	1	-	-	-
Walton	-	-	-	-	-	-	-	-
Washington	-	-	-	1	-	-	-	-
Cities (Following figures are included with County Totals)								
Jacksonville	1	30	-	3	-	920	145	75
Tampa	1	6	-	11	4	32	9	11
Miami	1	-	-	2	-	-	3	-
Key West	2	-	6	-	-	-	-	-

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

PRINTED BY MULTIGRAPH DEPARTMENT

Florida Offers Out of Door Sports in Winter

LIBRARIAN HYGIENIC.
LABORATORY.
25TH. & EAST STREET.
WASHINGTON, D.C.



These Are More Healthful Than Poorly Ventilated and Over-Heated Rooms

LIBRARY
HYGIENIC LABORATORY
WASHINGTON, D. C.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

ENTERED AS SECOND CLASS MATTER, OCTOBER 27, 1921
AT THE POSTOFEICE AT JACKSONVILLE, FLORIDA, UNDER THE ACT OF AUGUST 24, 1912

Vol. 14 DECEMBER, 1922 No. 8

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

CALVIN T. YOUNG, M. D. . . . President, Plant City
HON. CHAS. H. MANN . . . . . Jacksonville
F. CLIFTON MOOR, M. D. . . . . Tallahassee

ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer

INDUSTRIAL HYGIENE

Industrial hygiene is one of the most important phases of public health work today in that it deals with the health and welfare of the vast number of people of the workshops, stores, offices and factories. This vast majority of the population spends three-fourths of its waking hours in its place of employment.

Indoor work under insanitary conditions with overcrowding and improper ventilation depresses vitality, and numerous diseases result.

The possibility for transmission of disease is increased many times by close contact and is aggravated by bad ventilation, uncleanliness and improper plumbing. Hence, large, airy clean rooms are a health necessity.

Fatigue also is an important factor in industrial hygiene. Close confinement in stuffy, poorly ventilated, unclean rooms and long hours can not bring out the best in an employee and an employer has no right to expect skilled labor or any other kind of work under such conditions. Reasonable hours do much toward heightening the morale of workers, as well as eliminating the spirit of unrest.

The temperature of the work room should be about seventy degrees. At this temperature work can be accomplished at a faster rate of speed and with less fatigue, discomfort and injury to health. Every effort should be made to secure this temperature, with adequate ventilation, particularly during the winter months.

Habit is a great factor in health work; hence, if strict hygiene is continually observed at the place of employment it can not help but leave an impression on the home surroundings of the employee.

The employer's responsibility to his employee is great. It is logical that the workroom should be safe to work in as well as healthful. Properly constructed buildings alleviate worry along this line. By a little careful forethought and planning

ADMINISTRATION (Continued)

the building, workroom or office can be laid out so that it is healthful and suitable as well as pleasant.

Proper hygiene should be particularly stressed in establishments where food is prepared such as in bakeries, dairies and canneries.

Promiscuous spitting should be forbidden and receptacles for sputum should be provided. Proper lavatory facilities should also be provided and kept clean and sanitary. Paper towels, paper cups and liquid soap should be supplied.

The necessity of all employees being vaccinated and inoculated against smallpox and typhoid fever and the dissemination of knowledge relating to venereal diseases can not be too strongly advocated.

Statistics on the loss of labor from smallpox alone every year are staggering, particularly in the lumber and turpentine camps.

The economic loss from preventable venereal diseases is still more astounding.

Industrial hygiene covers a wide territory. The employer's responsibility is enormous. In order to have healthy, happy employees, an employer must be constantly on the alert. Without health and a contented state of mind the best can not be accomplished.

Large, airy rooms. Short working hours. Proper ventilation. Proper lighting. Sanitary facilities. Education in personal hygiene, all have a share in promoting health and happiness and in preventing great economic loss.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING OCTOBER, 1922.

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal parasites	385	860	35	24	48	1352
Diphtheria	1557	1075	257	32	122	3043
Typhoid	127	171	30	21	10	359
Malaria	228	208	24	20	50	530
Rabies	13	6				19
Tuberculosis	166	85	15	18	8	292
Gonorrhoea	135	98	25	39	18	315
Syphilis	1089	278				1367
Water: Bact. Ex.		26		18		44
" NaCl Count				18		18
Milk: Bact.	13	14		116	11	154
" Chem.	13	14		351	3	381
Miscellaneous	14	22		3	2	41
	3740	2857	386	660	272	7915

Specimen Containers distributed 4025

BIOLOGICAL PRODUCTS SENT OUT DURING OCTOBER 1922

Diphtheria Antitoxin:	10,000 units	117
	5,000 "	65
Tetanus Antitoxin:	5,000 units	26
	1,500 "	129
Toxin Antitoxin:	1's	2
	10's	37
Schick:	10's	10
	100's	16

Anti Meningococcus Serum ..... 16 Cylinders

Typho Bacterin ..... 58 Packages

Vaccine Virus ..... 820 Points

Anti Rabic Virus ..... 19 Treatments

BUREAU OF ACCOUNTING
Screven Dozier, Auditor

MONTHLY FINANCIAL STATEMENT

RECEIPTS

Balance from last statement	$40,330.19
September 1922, Receipts	2,599.86
Total	$42,930.05

DISBURSEMENTS

September 1922, Disbursements	8,511.93
Balance	$34,418.12

Annual Receipts and Disbursements to October 1st, 1922

RECEIPTS

Balance from 1921	47,416.86
Total Receipts in 1922	81,840.86
Total	$129,257.72

DISBURSEMENTS

Total Disbursements in 1922	94,839.60
Balance available October 1st, 1922	$34,418.12

BUREAU OF COMMUNICABLE DISEASE

Theo. A. Blinn, M. D., Acting Director

SMALLPOX

Smallpox or Variola, sometimes termed bumps and swinepox, is an acute infectious disease and is easily transmitted from one person to another through contact with the discharges of a smallpox patient.

The disease is entirely preventable:

1st. By proper vaccination with a pure and potent vaccine such as furnished by the State Board of Health.

2nd. By isolation of the smallpox patient, which means the separate of the patient from any person who has not had smallpox or who has not been successfully vaccinated in the past six to ten years.

It is to be regretted that this loathsome disease which often disfigures the patient for life, leaving permanent scars, or pox marks, and sometimes results in death, is considered so lightly by many individuals who will not protect themselves nor their children by proper vaccination.

The usual symptoms appear suddenly after a few days indisposition, and are generally ushered in by a chill and rapid rise of temperature, severe headache, body pains and vomiting. After two or three days, an eruption, or rash, appears and at this time the patient will usually feel much better; then, as this rash changes into the more discrete and true eruption, the characteristics of the disease are manifested, the rash becomes pustular, the surrounding skin or tissues swollen and very tender. As the pustules become distended they rupture and the contents are evacuated, forming areas of mucilaginous deposits on the face, scalp, arms, hands, legs and body. The warmth of the body brings about a drying of this mucilaginous material with subsequent formation of crusts. The eyelids become swollen and glued together, the nasal cavity swollen from crusts, and the upper throat or larynx may be completely closed by swelling and odema of the membranes; the tongue is swollen and stiffened, completely filling the mouth; the lips are often a mass of sores and the patient is unable to talk.

The complications may be of a laryngeal character, leaving the patient with a chronic hoarseness of speech, broncho-pneumonia or pleurisy; and there may be possible damage to the heart, kidney, stomach, and intestines, or to the eyes and ears.

Write to this Bureau for information and booklet.

NOTES FROM THE DISTRICTS

EAST COAST

T. A. Blinn, M. D., District Health Officer

Nassau County, with the assistance of the State Board of Health, is carrying out a very important health program in her public schools, i. e.,the prevention of diphtheria. The pupils are being "Schick tested" to determine their susceptibility to the disease, and if found susceptible will be given the first immunizing treatment, free of any expense,by the State Board of Health representative. The second and third treatments are given by the local and family physicians at weekly intervals, the toxin-antitoxin being furnished free by the State Board of Health.

* * * * *

St. Lucie and Broward County public school pupils will also be Schick tested. The physicians of both these counties are cooperating and assisting the State Board of Health representative. Dade County,which has eight thousand public school pupils in Miami alone,expects to carry out the same program in January. It is hoped that other counties will fall in line and take this opportunity of protecting their children against this dread disease.

* * * * *

The Schick test and subsequent treatments are given only upon written consent of parents or guardians. A blank form for this purpose is sent to the parents and guardians, which should be properly signed and returned to the teacher in order to facilitate the work of the State Board of Health representative upon his arrival. The tests are made at the public schools.

* * * * *

A number of requests have been made for hookworm surveys in this district, all of which are being handled as rapidly as possible.

* * * * *

Examinations of school children for eye conditions were made at Fort Lauderdale this month.

BUREAU OF CHILD WELFARE

Laurie Jean Reid, R. N., Director

PUBLIC HEALTH NURSING AS A FACTOR IN CHILD WELFARE

Along with other public health activities which have gathered impetus during the past few years, Public Health Nursing has become a recognized factor in community welfare.

During the emergency of the war and at various times following it, short courses, which at best were never intended to do more than help over emergencies or give information, but which would enable women to give more intelligent care to their families, were given and these served the purpose for which they were intended, just as a bucket brigade will help at a fire, but in this day no one would think of trusting to a bucket brigade for the safety of one's home. What we need and should have is an efficient fire department, properly trained and equipped and always on the job. So also in the field of Public Health, in order that we may give the greatest good to the greatest number, we should make provision for those to do the permanent work who are well qualified by personality, education and training, not only in the treatment and care of the sick and afflicted, but who also have a very thorough knowledge of community housekeeping and the problems of the average family as it concerns housing, finances, the rearing of children and the relation of the family as a unit to the community good.

The Public Health Nurse, therefore, requires not only her general hospital training, which she must have to give her the scientific knowledge of the body in health and disease, but also post-graduate work, which gives her specific knowledge in the various branches of health work such as prenatal, maternal and infant welfare; school nursing; communicable disease control; tuberculosis nursing; district visiting nursing; medical social service; mental hygiene and industrial nursing, so that she may specialize in any one of these branches or combine these functions in general service to the county or community.

Along with her theoretical training she should have actual practice under trained supervision, to give her confidence and poise, and to help her develop good judgement and resourcefulness, for she must, if she is to be thoroughly efficient, be able to perceive other than physical ills and know where to go for expert help that will relieve or cure. She needs a strong body, a love of humanity, infinite patience and tact, and a well

BUREAU OF CHILD WELFARE (Continued)

developed sense of humor as well as a capacity of hard work.

The Public Health Nurse is both nurse and teacher, and has become an indispensable instrument in every modern health movement. In prenatal and infant welfare work, or work of any kind with children, the Public Health Nurse stands out as the one best means of getting information into the homes. We must educate the parents if the children are to have proper care and I know no one who is so well fitted to give this instruction as the Public Health Nurse who combines sympathy with skill and by patient reiteration and actual demonstration in the homes teaches the care of the prospective mother, the proper feeding of infants, the necessity for the correction of defects in the preschool and school child and the proper feeding of children in order that they may be kept well and the undernourished or defectives gotten to the proper agency for corrective work.

There has been much adverse criticism of the nursing profession for raising the standard in the training schools for nurses and demanding certain educational qualifications for entrance to them and for the consequent raising of the salary scale of the graduate nurse, but nurses are ambitious to have the qualifications necessary, in order that they may give the highest type of service, just as the medical profession has had to work its way slowly to its present high standard of efficiency. But who would, in case of serious illness in the home, or epidemic or disaster in the community want to ignore the skilled medical man and the well trained efficient nurse for a barber who would let blood and a Sairy Gamp as his assistant. In time of need one never hears a complaint of the nurse being too well trained; certainly during the World War every one of them was eagerly sought. Do not forget when the nurse's salary is mentioned that it has taken her a period of years to get her proper training and also "that the laborer is worthy of his hire".

The Public Health Nurse, because she is a woman with a woman's heart big enough to take in every suffering, helpless bit of humanity and give it skilled care, then professional training and the pioneer spirit which gives her the courage to blaze the trail to better living conditions for those who shall come after, ought to have her permanent place in every county and community.

BUREAU OF SANITARY ENGINEERING

George W. Simons, Jr., S. B., Chief Engineer

THE CALL HAS GONE FORTH, THE GONG HAS SOUNDED ITS KNELL AND ALL IS IN READINESS TO TRY AMOS QUITO! The judges, witnesses, jurors and numerous court attendants have been duly summoned to appear in Daytona on the sixth and seventh of December, this year, to hear arguments to eliminate this PEST from our midst. Contrary to most orderly court procedure, this particular session will deal with one side of the question only - that of the plaintiff! The defendant will not be attended by a large retinue of defenders - she (and also he) has declared herself guilty. All aboard! for the trial and the declaration of the execution proceedings.

To health workers, land developers, homeseekers or investors, MOSQUITO ELIMINATION IS A SUBJECT OF INTENSE CONCERN, a work that will mean more to the ultimate settlement and development of Florida than any other thing. The State Board of Health decided to call this Daytona Conference for the purpose of crystallizing sentiment and to arrive at the initiation of some constructive and effective plan of attack. EVERYONE INTERESTED WILL BE GIVEN A CHANCE TO BE HEARD AND TAKE PART IN THE DELIBERATIONS TO START A REAL WORK.

It is fully realized by the State Board of Health that the necessary mosquito eradication work is not only of tremendous magnitude but it will also be expensive, yet if one considers experiences elsewhere the EXPENSE IS AMPLY REPAID IN ADDED COMFORT TO RESIDENTS, IN RECLAIMED PROPERTIES, INCREASED LAND VALUES AND IMPROVED HEALTH. In New Jersey a similar work has been in active progress for ten years or more and there property values in effected counties have increased about $50,000,000. IT IS NOT A WORK TO BE ACCOMPLISHED OVER NIGHT OR EVEN OVER A BRIEF PERIOD OF TIME. Mosquito eradication measures take time and after the start has once been made the citizens must be reasonably patient and considerate and not judge hastily the ultimate results after only a short period of work.

The proposed conference is meeting with marked approval in all sections of Florida. From Pensacola comes this statement, "We are thoroughly in accord with this movement and the City of Pensacola is willing and ready to do what it can to cooperate -- we will do what we can in promoting a state wide movement as suggested. Hon. J. H. Scales, of Perry, Taylor County, writes, "If at all possible, I will be in Daytona to lend any assistance that I might toward the furtherance of this work". Mr. Scales was one of the enthusiastic leaders in putting over the successful Perry project.

BUREAU OF SANITARY ENGINEERING (Continued)

The St. Augustine Board of Trade says,"there will be a delegation present at this very important meeting",Jules Burguieres of the Florida Development Board says, "This I consider most important", while Mrs. May H. Jennings of the Florida Legislative Council writes, "I am intensely interested in your Anti-mosquito Conference - to eliminate the mosquito in Florida will be a very wonderful thing, and one which would tend to put the state on the map". A prominent citizen of Boynton, Mr. Atwater, writes, "with the state rid of mosquitoes, it would not be many years until there would scarcely be standing room in the state for people who come here to enjoy our wonderful climate,no matter what their occupation. It would mean the building up of this State more quickly on a substantial basis, than most any other thing that could be done". From St. Petersburg Mayor Pulver will detail several representatives for the Conference and in a letter states, "I am heartily in accord with the mosquito campaign".

Thus runs the story from all over Florida; it will be a wonderful meeting and ALL WHO READ THESE PAGES SHOULD IMMEDIATELY ARRANGE THEIR PLANS TO BE IN DAYTONA ON DECEMBER SIXTH AND SEVENTH.

There is probably no single individual in Florida who has had more concern over mosquitoes than Colonel Joseph Y. Porter, for twenty-seven years Florida's State Health Officer. Col. Porter went victoriously through the yellow fever days of the past and the file of annual reports covering the years of his reign are an inspiration --- they read as a romance, full of thrills, stories of trials, reverses and successes. In the 17th annual report of the Board for the year 1905 appears the following: "A subject of more than passing notice,and of paramount importance to the state is the destruction of mosquitoes, not only because they are annoying and irritating, and in some places in the state make life unbearable, but because some species are the direct and sole means of conveying disease to the human family -- This subject of mosquito destruction is attracting attention not alone from its bearing on sanitation and health, but from a commercial point of view as having a direct influence on investments looking to an increase in the agricultural productive territory." This statement clearly summarizes the entire situation - what was stated then still holds true.

ALL HANDS ON TO DAYTONA -- IT MEANS THE DOOM OF AMOS QUITO.

HERE AND THERE

LIFE SPAN INCREASING

There has been an increase of two and three-quarter years in the life span in the last decade. This is shown in a life table for the year 1920 for the Original Registration States which has just been constructed. At birth, the complete expectation of life is now 54.3 as compared with 51.5 years in 1910 and 49.2 in 1901. The total addition to the expectation of life is five years in the last two decades. The duration of life has been stretched a fifth in less than one generation. (M.L.I.Co.)

The Atlantic Coast Line Railroad has recently started, with the assistance of the United States Public Health Service and the Florida State Board of Health, an industrial programme similar to the one recently completed by the Florida East Coast Railroad Company. Lectures with motion pictures will feature the campaign among the railroad workers. Large exhibits have been placed at all of the Division points and all fake nostrum advertising has been ordered taken down. Six thousand pamphlets have been distributed and it is expected to reach at least ninety percent of the six thousand employees of this railroad.

A similar programme, on a smaller scale, was given at the Jacksonville Terminal Station when Regional Consultant W.H.Gillette of the United States Public Health Service lectured to all the employees of the Terminal Company as well as employees of the lessees. Motion pictures were shown in the baggage room at the station. One of the large venereal disease exhibits has been framed and placed in the men's waiting room by the General Manager to remain there as a permanent fixture.

It is interesting to note that during the past month, six thousand three hundred and seventy-five pamphlets were sent out from the State Board of Health, one thousand and ninety-four of which were venereal disease pamphlets, and one thousand nine hundred and thirty-one communicable disease. Mailing list for FLORIDA HEALTH NOTES is now three thousand three hundred and fifty.

BUREAU OF DIAGNOSTIC LABORATORIES (Continued from page 130)

DIPHTHERIA

The occurrence of a case of diphtheria causes many a person to wonder if their child will be the next victim.

In the days gone by many things were looked upon as causes of this disease but today practically all realize that the only source is the discharges from a case of diphtheria or from a carrier of diphtheria bacilli.

By the term carrier here we mean an individual who has the germs of the disease in the nose or throat (or both) but who shows no symptoms of the disease because he is not susceptible to the infection.

The introduction of antitoxin in the closing years of the nineteenth century was followed by a great reduction in the number of deaths from diphtheria but the number of cases was not reduced to any extent. Immunity gained by its use is of very short duration and cases have developed after this had passed, for it was a passive not an active one. In other words the antitoxin is a neutralizing agent and does not stimulate the body cells to produce protective substances that make the body able to fight the infection.

The cartoon on the back cover of this number of Health Notes refers to an agent that does stimulate the cells of the body to produce protection against the disease diphtheria and to build up a resistance that is probably effective through life.

You will note that we say probably and this is because it was only in 1913 that humans were first immunized but, from the data at hand, it is felt that the immunity will last for life although of course it is impossible to make a definite statement to this effect. The immunity conferred in 1913 is still effective and even if it were for but 9 years it is certainly a wonderful boon to humanity.

It is also possible to learn who is susceptible by use of the Schick test which consists of injecting a minute quantity of diphtheria toxin between the layers of the skin. If the individual is immune there is no reaction while if he is susceptible there is an area of redness at the site of the injection and none at the site of the control which is injected with the same amount of the same material which has been heated to kill the toxin.

BUREAU OF DIAGNOSTIC LABORATORIES (Continued)

By the use of the Schick test it is possible to find just who needs protection and to give it only to those found to be susceptible. Those over six years of age should be given the test while those between six months and six years of age do not require it as toxin antitoxin may be given without the preliminary test as the precentage of immunity at this age is very low.

It is not advisable to give the toxin antitoxin to those under six months of age for they are rarely exposed and they also usually possess an inherited immunity at that period.

The State Board of Health will furnish materials to test the children of the State and to immunize those found to be susceptible.

As far as possible the Board will assist those communities who apply by demonstrating the test and instructing the medical profession in the use of the test and toxin antitoxin.

The immunization consists of the injection of a small amount (1c.c.) of a mixture of toxin and antitoxin in which the toxin has been nearly but not completely neutralized by antitoxin and the action of the toxin not neutralized is to stimulate the body to the production of its own protective substances. There are three injections of this amount a week apart. The production of immunity is not a rapid process for it requires from six weeks to three or four months, but what a relief to any parent to feel that their children are safe from this disease.

Will you give your children this protection that is their due and which may save you many a heartache in the future?

All applications for this material or for other biological products should be made direct to one of the State Laboratories and for any large amount to the laboratory at Jacksonville.

Small amounts of diphtheria antitoxin are stocked at antitoxin stations throughout the state as stated in HEALTH NOTES of May 1922.

BUREAU OF VITAL STATISTICS

Steward G. Thompson, D. P. H., Director

"No health Department, State or local, can efficiently prevent or control disease without knowledge of when, where and under what conditions cases are occurring."

MORBIDITY

Notification of 1,866 Cases of Sickness has been received during October as compared with 1,209 for the same month last year.

Diseases	Total Cases	By Weeks October 1922				Weekly average for October 1921	
		1st.	2nd.	3rd.	4th.		
Cancer	28	1	27	0	0	7	
Chancroid	8	5	1	0	2	6	
Chicken Pox	2	0	0	1	1	1	B
Dengue	1,209	322	392	319	176	37	
Diphtheria	86	18	25	19	24	26	
Dysentery	12	0	7	2	3	2	
Epi. Meningitis	1	0	0	0	1	1	
Gonococcus	69	29	8	11	21	40	
Hookworm	49	26	7	5	11	29	
Influenza	25	7	13	2	3	11	
Malaria	82	9	23	32	18	28	
Mumps	1	0	1	0	0	0	A
O. Neonatorum	2	0	0	1	1	0	A
Pellagra	15	1	14	0	0	1	
Pneumonia	31	4	16	4	7	6	
Poliomyelitis(A)	1	0	0	1	0	0	
Scarlet Fever	3	0	1	1	1	3	
Small Pox	11	2	1	7	1	3	
Syphilis	104	41	17	18	28	57	
Trachoma	12	0	0	12	0	1	B
Tuberculosis	79	12	48	8	11	31	
Typhoid Fever	32	4	22	4	2	9	
Whooping Cough	4	0	2	2	0	2	

A - Less than one.
B - More than one but less than two.

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BUREAU OF VITAL STATISTICS (Continued)
Reported Cases of the following diseases for October 1922.

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Tuberculosis	Dengue fever	Syphilis	Gonorrhoea
STATE	32	82	11	86	79	1209	104	69
Alachua	1	-	-	-	1	-	2	-
Baker	5	-	-	-	-	19	-	-
Bay	-	-	-	-	-	3	-	-
Bradford	-	-	-	-	-	-	-	-
Brevard	-	-	-	1	-	7	-	2
Broward	-	1	-	-	-	1	-	-
Calhoun	-	-	-	-	-	-	-	-
Charlotte	-	-	-	-	-	-	-	-
Citrus	-	1	-	2	-	14	-	-
Clay	1	-	-	-	-	5	-	-
Columbia	2	-	-	2	2	38	2	-
Dade	3	1	-	2	5	2	5	9
DeSoto	-	-	-	-	1	-	-	-
Dixie	1	-	-	-	-	-	-	-
Duval	3	25	2	10	13	984	60	29
Escambia	-	1	-	7	3	-	1	-
Flagler	-	-	-	-	-	-	-	-
Franklin	-	-	-	-	1	20	-	-
Gadsden	-	20	-	-	3	52	3	1
Glades	-	-	-	1	-	-	-	-
Hamilton	-	-	-	-	-	-	-	-
Hardee	1	-	-	-	-	-	-	-
Hernando	-	-	-	-	-	-	-	-
Highlands	-	-	-	1	-	1	-	-
Hillsboro	2	13	6	21	10	12	17	11
Holmes	-	1	-	-	-	2	-	-
Jackson	-	-	-	-	1	-	1	-
Jefferson	-	2	-	1	-	-	2	-
Lafayette	-	-	-	-	-	-	-	-
Lake	-	2	-	2	1	-	-	-
Lee	1	-	-	-	-	-	-	-
Leon	-	2	-	2	3	-	-	-
Levy	-	1	-	1	1	-	-	-
Liberty	1	-	-	-	-	-	-	-
Madison	-	-	-	-	3	15	-	-

BUREAU OF VITAL STATISTICS (Continued)
Reported Cases of the following diseases for October 1922.

Counties	Typhoid	Malaria	Small Pox	Diphtheria	Tuberculosis	Dengue fever	Syphilis	Gonorrhoea
Manatee	1	-	-	6	2	-	-	-
Marion	-	-	-	-	1	-	-	-
Monroe	-	-	-	-	3	-	-	-
Nassau	-	-	-	-	1	1	1	-
Okaloosa	-	-	-	-	-	-	-	-
Okeechobee	-	-	-	-	-	-	-	-
Orange	1	-	-	1	3	-	-	-
Osceola	-	-	-	-	-	-	-	-
Palm Beach	1	-	-	1	3	-	-	2
Pasco	-	-	-	-	3	-	-	-
Pinellas	-	-	-	14	1	19	7	12
Polk	-	7	-	5	4	-	1	-
Putmam	3	3	-	1	5	-	1	1
St. Johns	-	1	-	1	-	-	-	-
St. Lucie	-	-	3	-	-	-	-	1
Santa Rosa	1	-	-	-	-	-	-	-
Sarasota	-	-	-	-	-	2	-	-
Seminole	2	1	-	-	1	9	1	1
Sumter	-	-	-	-	-	-	-	-
Suwannee	-	-	-	-	-	-	-	-
Taylor	-	-	-	-	-	-	-	-
Union	2	-	-	-	1	-	-	-
Volusia	-	-	-	3	1	3	-	-
Wakulla	-	-	-	-	-	-	-	-
Walton	-	-	-	1	1	-	-	-
Washington	-	-	-	-	1	-	-	-
Cities (Following figures are included with County Totals)								
Jacksonville	3	22	2	6	12	968	60	28
Tampa	1	6	-	13	5	9	17	9
Miami	2	1	-	2	3	1	3	7
Key West	-	-	-	-	3	-	-	-

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

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Are YOUR Children Protected?



LIBRARIAN HYGIENIC.
LABORATORY.
25TH.& EAST STREET.

Consult Your Doctor at Once
Delays Are Dangerous